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ABSTRACT

Intended for use by high school guidance personnel, the two volumes provide general information and a resource guide on physical disabilities including visual impairment, hearing impairment, orthopedic handicap, neuromuscular handicap, epilepsy, diabetes, and other chronic health conditions. The first section provides an overview of each of the physical disabilities and health problems. The section on coordinating the delivery of services gives information on strategies for planning, coordinating, and delivering services; inservice training; and materials. Personal adjustment is discussed in terms of attitudes toward persons who are physically disabled, self concept, adjustment to physical disability, sexuality and family life, development of independent living skills, development of recreational interests and skills, interpersonal relationships, group counseling, group bibliotherapy, and personal adjustment materials. Educational placement, course selection, and architectural accessibility are among topics considered in the section on educational planning. A chapter on career development and guidance examines such topics as special concerns in counseling disabled students, job seeking, and work oriented activities. Discussed in relation to vocational assessment are sites and components of vocational assessment and work adjustment. Provided are sources for ordering materials and a resource guide. A separate volume contains detailed listings of organizations and directories by state. (DB)

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GUIDANCE, COUNSELING, AND SUPPORT SERVICES FOR HIGH SCHOOL STUDENTS WITH PHYSICAL DISABILITIES:

Visual
Hearing
Orthopedic
Neuromuscular
Epilepsy
Chronic Health Conditions

U.S. DEPARTMENT OF HEALTH,
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June C. Foster, Project Director
Claire Olsen Szoke, Associate Project Director
Peggy M. Kapisovsky, Research Associate
Leslie S. Kriger, Research Associate

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Jack Genskow, Director-Psychologist, Decatur Evaluation Center, Illinois

Bonnie Gladden, Supervisor, Secondary Work Experience Programs, Illinois Division of Vocational Rehabilitation, Springfield, Illinois

Richard Jackson, Prevocational Consultant, Regional Services Agency, Skokie, Illinois

Michael Jacoby, Principal, High School Division, Illinois Braille and Sight-Saving School, Jacksonville, Illinois

Jane Landis, Chairperson, Program for Hearing Impaired, Hinsdale Township High School, Clarendon Hills, Illinois

Robert Lauritsen, Coordinator, Program for Deaf Students, St. Paul Technical-Vocational Institute, Minnesota

Frank Maglione, Supervisor of Counseling Services, University of Illinois Rehabilitation-Education Center, Champaign, Illinois

Robert Meehan, Chairperson, Department of Counseling, Gallaudet College, Washington, DC

Barbara Merten, Director, Hearing Impaired Program, Waubonsee Community College, Sugar Grove, Illinois

Timothy Nugent, Director, University of Illinois Rehabilitation-Education Center, Champaign, Illinois

Don Pettingil, Logistics Specialist, White House Conference on the Handicapped, Washington, DC

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INTRODUCTION

The thrust in education today in the United States is toward accommodating the exceptional student in the public school setting. Recent federal legislation requires that physically and mentally disabled students be educated with their nondisabled peers to the greatest extent possible. As a consequence, an increasing number of young persons with physical disabilities (the blind and partially sighted, the deaf and hard of hearing, individuals with orthopedic or neuromuscular impairments, and those with various chronic health problems) are now attending regular schools and being integrated in regular classes. Like their nondisabled peers, these students require a variety of pupil personnel services including educational-career guidance and counseling, assessment, personal adjustment counseling, and job placement services.

In the past, the regular high school guidance counselor was seldom called upon to serve physically disabled students, for they were typically enrolled in special schools or in segregated special class settings. Preservice and inservice training of counselors rarely focused on services for these students, the assumption being that the student with a physical disability or chronic health problem would not be part of the public school counselor's caseload. This assumption is no longer valid. Just as the regular classroom teacher must redefine his/her role and acquire skills and awareness to accommodate mainstreamed students, so must the guidance counselor. We have written *Guidance, Counseling, and Support Services* to assist the counselor in this process -- to orient him/her to the issues, materials, practices, and resources important in serving students with physical disabilities/chronic health problems.

Considering the length of this manual, the counselor might assume that guidance for physically disabled students is worlds removed from guidance services for nondisabled students. Such is not the case. The goals underlying the guidance and counseling of both physically disabled and able-bodied students are *identical*: to assist the counselee in attaining his/her fullest academic and career potential as well as personal and social adjustment. There is no "psychology of disability."

The high school student who has a physical impairment is first and foremost an adolescent -- with the same basic needs, desires, and hopes common to all adolescents. Physically disabled adolescents, like their nondisabled peers, may have no problems, few problems, or many problems. And when problems do exist, they are not necessarily related to disability.

The fact remains, however, that for some students physical impairments will directly or indirectly present obstacles to academic, career, and personal-social adjustment. And most guidance personnel will have to expand their base of knowledge and redefine their role in order to serve disabled students who are handicapped by such obstacles. We have conceptualized the role of the counselor not only as that of direct service provider but also as that of ombudsman -- an ombudsman who will help create a school environment that fosters optimal educational and personal growth, who will advocate for needed school accommodations, and who will recognize the need for, and refer students to, specialized services provided by outside agencies. In this manual we explore a broad range of functions for the counselor. In practice, his/her role will vary considerably, based on the needs of the physically disabled students enrolled, the staffing of the high school and degree to which the staff is prepared to serve these students, and the availability of specialized services from community organizations and state agencies.

Our approach in this manual is admittedly skewed in the direction of problems imposed by disability for it is with disability-related problems that schools are likely to have had the least experience. And we have had to use some generalizations in our approach. However we do wish to emphasize that the problems discussed are not inevitably present and that each student must be treated as a unique individual. To label an individual as blind, deaf, epileptic, diabetic, or cerebral palsied and then structure services on the presumed needs of a person with his/her disability is utterly fallacious.

We can perhaps best impart our philosophy underlying this manual by using the words of Leo Buscaglia (1975). We hope that the reader will abide by the following precepts in serving students with physical disabilities -- be the services personal counseling, instruction, career guidance, testing, or job placement:

- *Remember that the disabled are their own persons...*
- *Remember that each person who is disabled is different, and no matter what label is attached for the convenience of others, is still a totally "unique" person...*
- *Remember that the persons with disabilities are persons first and disabled individuals secondly. These persons have the same right to self-actualization as any others -- at their own rate, in their own way, and by means of their own tools. Only they can suffer their non-being or find their "selves."*
- *Remember that the disabled have the same needs that you have, to love and be loved, to learn, to share, to grow and to experience, in the same world you live in. They have no separate world. There is only one world.*
- *Remember that the disabled have the same right as you to fall, to fail, to suffer, to decry, to cry, to curse, to despair. To protect them from these experiences is to keep them from life.*
- *Remember that only those who are disabled can show or tell you what is possible for them. We who serve them must be attentive, attuned observers.*
- *Remember that the disabled must do for themselves. We can supply the alternatives, the possibilities, the necessary tools -- but only they can put these things into action. We can only stand fast, be present to reinforce, encourage, hope and help, when we can.*
- *Remember that the disabled, like ourselves, are entitled to life as we know it. They, too, must decide to live it fully in peace, joy and love, with what they are and what they have, or to sit back in lacrimal apathy and await death.*
- *Remember that persons with disabilities, no matter how disabled, have a limitless potential for becoming -- not what we desire them to become, but what is within them to become.*
- *Remember that the disabled must find their own manner of doing things...There are many ways of tying shoes, drinking from a glass, finding one's way to a bus stop. There are many ways of learning and adjusting. They must find the best way for them.*
- *Remember that the disabled also need the world, and others, in order to learn. All learning does not take place in the protected environment of the home or in a classroom, as many people believe. The world is a classroom. All of mankind are teachers. There is no meaningless experience...*
- *Remember that all persons with disabilities have a right to honesty about themselves, about you, and about their condition. To be dishonest with them is the most terrible disservice one can perform. Honesty forms the only solid base upon which all growth can take place...* (pp. 19-21)

Notes on using the manual

This manual consists of two parts. Part I begins with an overview of various disabling conditions and then addresses the following:

- Coordinating the delivery of services (Chapter 2)
- Personal adjustment (Chapter 3)
- Educational planning (Chapter 4)
- Career development and guidance (Chapter 5)
- Vocational assessment (Chapter 6)
- Psychometric testing (Chapter 7)
- Job placement (Chapter 8)
- Parent involvement (Chapter 9)

Throughout these chapters we have identified materials that counselors and other school personnel can use in inservice or preservice training programs or can consult as needed for additional information on a topic. Some materials for student and parent use are also identified. The materials are cited in the text by author and title or by title only. Full references (including cost) are presented in the yellow pages at the end of each chapter. Unless otherwise indicated, the materials are available from the publisher. Publishers' addresses are listed in Appendix 1.

When there is an overlap of information from chapter to chapter, we have supplied cross-references in the text. Using these cross-references, the Table of Contents, and the Subject Index (at the end of Part I) will help the reader to more quickly locate needed information.

Part II is a compilation of national and state resources which can be of assistance to counselors, other school personnel, and students with physical disabilities. We highly recommend that readers avail themselves of these and similar resources in planning and implementing services. By using materials and services available at local, state, and national levels, the high school can greatly enhance its efforts to promote the adjustment of physically disabled students.

PART I

GUIDANCE, COUNSELING, AND SUPPORT SERVICES FOR HIGH SCHOOL STUDENTS WITH PHYSICAL DISABILITIES

CHAPTER 1

AN OVERVIEW OF PHYSICAL DISABILITIES AND HEALTH PROBLEMS

All too often, able-bodied people view persons with disabilities according to stereotyped pre-judgments: that they can never lead "normal lives"; that they are tragic figures to be pitied; that they are psychologically "different"; that the more severe the handicap the more maladjusted the person will be. Such misconceptions on the part of counselors and educators can seriously undermine the high school's efforts to accommodate students who are handicapped.

Each student is unique and must not be approached as a member of a stereotyped group; knowledge that a person has a disability, that it is of a certain type or of a certain level of involvement, is rarely sufficient to permit any valid prediction of that person's capacity to successfully undertake a course of study at the school, to pursue a certain career, or to adjust to the social, academic and physical environment of the school.

The reader is asked to keep this concept in mind when reading this chapter. The information that follows is intended to orient counselors to the nature of various physical and health impairments, to the ways people often overcome limitations imposed by an impairment, and to certain issues school personnel may have to consider in serving students. Some generalizations will be made regarding factors found by researchers and direct service providers in the field of rehabilitation and education to be associated with various handicapping conditions. These factors should not be construed as automatically applicable to an individual merely because s/he has a certain handicap. Knowledge gained from this orientation can no way supplant the necessity of approaching each student as a unique individual with unique abilities and needs.

The issues to be discussed are those relative to students with the following disabilities and chronic health problems: blindness, partial sightedness, deafness, partial hearing loss,* epilepsy, muscular dystrophy, spinal cord injury, cerebral palsy, diabetes, and cystic fibrosis. These issues will be expanded upon in the ensuing chapters of the manual.

VISUAL IMPAIRMENTS

Blindness

The term "legally blind" is applied to persons whose vision in the better eye is 20/200 or less, or whose visual field subtends an angle no greater than 20 degrees. In other words, a legally blind person can see less (even with correction) at a distance of 20 feet than a person with normal vision can see at 200 feet, or has a field of vision that is limited to a narrow angle. Contrary to popular conceptions, the person considered legally blind is likely to have some vision with a certain degree of light perception and motion perception; only a small minority of persons are actually totally blind.

There are a number of causes of blindness. In the United States blindness at birth has most often been associated with: rubella (German measles) affecting the mother in the first three months of pregnancy; retrolental fibroplasia (RLF), a condition of fibrous tissue behind the lens of the eye caused by excessive administration of oxygen to premature infants; congenital syphillis; or infection during delivery (opthalmia neonatorum). Adventitious blindness refers to the accidental occurrence of the disability after birth through trauma or disease. Injuries now account for only about 3 percent of cases of blindness. About half the cases of blindness in the United States are a function of diseases associated with aging--macular diseases (which affect the central area of vision), cataracts, glaucoma, and diabetes.

In most academic and career situations the senses of touch and hearing, and the use of technical aids permit many persons to function so successfully that their blindness is not a handicap. For taking notes while studying or attending classes or meetings, the tape recorder, braille stylus and slate, braillewriter (braille typewriter), or memory are used, as warranted by the situation and individual preferences.

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* The sections on blindness and deafness are based in part on the authors' previous research conducted for the Massachusetts Division of Occupational Education.

Reading is performed through use of brailled materials, records, cassettes, and tapes available from national and local libraries and service agencies. Materials not already available can be forwarded to these agencies for braille transcription and recording. In situations where there is insufficient time to have materials transcribed, and for library research, the student may have to rely on sighted readers. As such electronic aids as the Optacon (which transforms printed words into tactile images that can be felt with the fingertips) are marketed at reasonable costs, the reliance of blind persons on transcribed materials or on readers may diminish.

Other devices which provide for independence in daily living, academic, and occupational pursuits are: signature guides; technical instruments (such as carpenter's levels, micrometers, calipers and protractors) with brailled or notched markings or electronic sound feedback devices; the Stereotoner, which transforms letters into tone patterns; and the braille computer terminal.

Learning takes place via tactile and sound cues; in most cases, only minor instructional modifications need be implemented on the secondary level for these students. Spatial relations can be perceived by the blind student if the teacher or another student, for example in the laboratory setting, describes the spatial relations of a piece of machinery and if an opportunity is provided for "hands-on" experience. Verbally presenting what is written on the blackboard is also helpful and usually does not inconvenience the instructor. (For further information, see Educational Planning, pp. 209-215.)

Given the effectiveness of utilizing sensory modalities other than vision for learning, the availability of adapted curriculum materials and special devices, and the relative ease of accommodating persons who are blind, it is not surprising that blind persons are able to pursue almost unlimited types of coursework in high school and in postsecondary institutions. Blind persons are employed in a wide variety of occupations. As reported by the Massachusetts Commission for the Blind (1974) blind clients have entered such fields as accounting, auto mechanics, bench assembly, archeology, counseling, law, sales, secretarial science, medical transcription, business administration, and teaching on professional and paraprofessional levels.

Yet despite the proven ability of blind persons to lead independent and productive lives, stereotypes and depersonalization abound regarding blindness. Blind persons are not deaf: frequently, however, sighted persons shout at those without vision, or feel it is necessary to use the individual's companion as an interpreter, rather than addressing the individual directly. A radical illustration is quoted in Living with blindness (1974):

> *Not long ago, I visited the dentist with my guide dog, Amber. A receptionist showed us into the waiting room, and the three of us were alone. "And what, my dear," said the receptionist, turning to Amber, "is the gentlemen's name?"* (p. 4)

Neither do persons who are blind have a "sixth sense" or exceptionality of olfactory, auditory, or tactile senses. Rather, some blind persons, through practice and use of memory, learn to make better use of their senses.

Sighted persons often feel awkward about interacting with persons who are blind. The following will contribute to ease of interactions:

- If you are in doubt as to whether a person needs some assistance, or of how to help that person, just ask him/her.
- If you're walking with a person, don't steer him/her by holding the arm; allow the individual to take hold of your arm. Your body movements will indicate direction, steps, and curbs.
- "Sight", "look", and "see" are not dirty words. They are no more anathema to a blind person than are "and" and "but."
- You can indicate that you're talking to a person by touching him/her lightly on the elbow or addressing him/her by name.
- If you're not sure that a person will recognize your voice, mention your name. (When you've hired a blind person, 1973)

It is essential to recognize that although there is no "psychology of the blind", there are some disability-associated problems that may (not "will") arise for the student with a disability. (See Personal Adjustment.) Most adolescents do not want to appear different from their peers. Yet blindness is not conducive to blending in with the crowd if one uses a cane or guide dog, requires special assistance from the teacher, or uses adapted aids or equipment. When the student has had insufficient training in grooming, dressing, and eating, differences will be emphasized. Furthermore, if the student has been segregated in previous schools, has been overprotected, or cannot see the appearance and actions of peers, then that student may believe that s/he is totally different from sighted peers. The resultant sense of isolation may make the blind adolescent also feel that his/her fears, anxieties, and problems are "weird" and to be hidden; s/he may not recognize that many peers have similar issues to deal with.

The conflicts so common in adolescence between dependency and needs for autonomy may be exacerbated by the presence of a disability. School personnel, parents, and peers may be overprotective toward the student who is blind. As expressed by some blind youth about the expectations of sighted persons, "They expect us to be good, helpless, blind children and sit and be nice" (Manaster & Zucharis, 1972, p. 19). The student's ability to differentiate between assistance that is realistically necessary and that which is unwarranted, and his/her ability to understand and deal with overprotectiveness or excessive dependency needs is crucial both to independence and self esteem.

Another issue requiring consideration is that of sexuality. Scholl (1974, 204-205) remarks that while most young people have outlets for sexual curiosity - by seeing members of the opposite sex or by looking at magazines or watching movies - such options are not available to blind young people. At the very least, blind adolescents should have their questions answered honestly and specifically by the counselor; preferably the school should provide sex education courses for these students, using any adapted instructional procedures that may be necessary. (See Personal Adjustment, pp. 125-133.)

Counseling procedures may have to be somewhat modified for the blind individual. Jordan and Hunter (1960) provide the following guidelines:

- The visually impaired person receives many nonverbal cues. The counselor's shuffling of papers or tapping of a pencil may connote the counselor's inattentiveness, or rejection, impatience, or annoyance.
- The counselor should be specific in making appointments and be ready for the client in order to help convey acceptance and support.
- The counselor should orient the client to the set-up of the room.
- The counselee may initially expect and want structured sessions as s/he may be used to structured activity.

It is essential that the counselor remember the importance of audible cues relating to attentiveness, interest, and sympathy. Cholden (1958, p. 41) suggests interpolating "yes", "uh huh", and other sounds to indicate understanding and acceptance. The tone of voice is important. Cholden also notes that the facial expression is a poor indicator of emotion in a blind person. It is helpful to watch the fingers and hands for tension in order to assess the emotional state of the client.

We recommend the following materials to counselors and other school personnel who will be working with adolescents who are blind. Each covers a number of topics including psychosocial adjustment, career development, and education.

Mary K. Bauman & Norman Yoder, Adjustment to blindness - Re-viewed.

Kenneth A. Hanninen, Teaching the visually handicapped.

Berthold Lowenfeld (Ed.), The visually handicapped child in school.

Herbert Rusalem, Coping with the unseen environment.

Andrea Schein, Counseling issues in Retinitis Pigmentosa. In American Archives of Rehabilitation Therapy. An excellent article on the impact of progressive visual loss.

An excellent source for pamphlets, reports, books, and journals relating to blindness is the American Foundation for the Blind, which issues most of its publications in regular print only. Write for their 76/77 Catalog of publications. Braille and recorded forms of AFB materials for use by blind school personnel and students are available from the following organizations: Recording for the Blind; National Braille Association; Library of Congress, Division for the Blind and Physically Handicapped; and the American Printing House for the Blind. Addresses of these organizations may be found in Appendix 1. The National Federation of the Blind, a consumer advocacy group which blind individuals may wish to join, also disseminates some materials (see National Resource Section).

Limited vision

Limited vision, also commonly referred to as subnormal vision or partial sightedness, has been defined as visual acuity ranging from 20/70 to 20/200 with glasses. The accuracy of using such visual acuity figures to define partial sightedness, however, has been disputed, for these figures do not actually indicate how functional a person's vision is. For example, two persons with very similar levels of visual acuity could actually differ in how useful their vision is, that is, they may differ in "visual efficiency." One person might be able to read regular printed matter by holding reading material close to the eyes; another may require a powerful magnifier; and still another may use large print materials or braille. A certain environmental condition such as lighting might aid one partially sighted person to function quite adequately, while that same degree of lighting might be detrimental to another person. Hence, the term partial sightedness is at best nebulous; it does indicate that a person's vision cannot be fully corrected with glasses, but it does not indicate the extent to which the individual is functionally handicapped. (Dickman, 1973, pp. 3-4)

Colenbrander (1976) suggests that a more meaningful way to consider visual disability is in terms of the individual's visual performance:

- *An individual may be said to have moderate low vision if he is able to read with near-normal speed and endurance, but needs special aids or techniques to do so. For gross visual tasks, that level of vision is generally quite adequate.*
- *People with severe low vision (those in the present legal blindness category) can read and write with aids, but generally do so more slowly than those with normal vision. Their gross vision is not fully adequate, but quite useful.*
- *At the profound low vision level, reading and other detailed visual tasks become quite marginal. Only the highly motivated manage to do some visual reading. Gross vision also becomes less adequate, but it is still helpful, when supported by special attention to auditory and other nonvisual cues.*

- *In the near-blind group, even gross vision becomes unreliable and is helpful only under ideal circumstances.*

The most general, but perhaps the most useful definition for the counselor is Eleanor Faye's (1970):

> *A visual handicap is defined for each individual by his experience of poor vision function related to his own expectations and the expectations of his family, his occupation, his cultural group, and his physical setting.* (p. 9)

Guidance personnel may find that the dynamics we have discussed in relationship to students with other disabilities may also be operating for certain students with limited vision. Parental love and ability to deal in a realistic and supportive fashion with their child will, of course, predispose the child to healthy adjustment. Conversely, such factors as overprotection on the part of parents and school personnel can lead to experiential deprivation and lack of interpersonal and independent living skills. Inability to "keep up" with peers may be damaging to the child's self concept.

Particularly salient in regard to the partially sighted adolescent is his/her possible reluctance to use low vision aids and special materials. There are numerous types of aids that may be prescribed for the individual, depending on the nature of his/her visual impairment. Telescopic spectacles, which look like jeweler's lenses mounted on glasses frames, highly magnify a narrow field of vision and are useful for close work. Hand-held and table model magnifiers, optical enlargers which project printed matter into a built-in viewing screen, and glare shields which reduce the glare from white paper, may be used for classwork or on the job. Large type textbooks and reference books (which are often large and bulky) may be necessary. Despite the obvious utility of such aids and materials, the young person may resist using them because s/he does not want to appear "different or weird" to peers. Adolescents (sometimes not noted for their sense of humanity) may in fact ridicule the student who deviates from their rather rigidly prescribed group norms. The counselor may have to work on these issues with the partially sighted student who is functioning much below his/her capacity. As is discussed in the later chapter, Personal Adjustment, there are various approaches for dealing with such issues, which will involve not only the student, but possibly his/her parents and nondisabled students in the school.

Another factor to consider is the possible "marginal status" of some low vision students. While they are not blind, neither are they sighted. They may be caught in a conflict between meeting the performance standards associated with sighted persons and the standards associated with blind persons (both sets of standards being arbitrary and often fallacious anyway). Rigid parental expectations that the student perform as if sighted or as if blind will lead to frustration and possibly hostility on the part of the student. The overestimation or underestimation of one's own capacities may result. (A related discussion of "overlapping roles" is presented in the chapter Personal Adjustment, pp. 116-122.)

Colenbrander has remarked that many school systems are oriented either toward the seeing or toward the blind, and find it hard to deal effectively with low vision students. As we indicate throughout this manual, a student's ability to succeed in academic and vocational classes is vital to a healthy self concept. The teacher's ability to accommodate the low vision student will greatly contribute to his/her adjustment. In addition to the guidelines discussed in Educational Planning (pp. 209-211), the following guidelines (Faye, 1970) should be observed.

> - *Planning a curriculum for partially sighted students is more difficult than for totally blind children. With partial sight, there is always a question of the graduations of sight, the visual capacity, and limitations of each student. Partially sighted children benefit from the same teaching methods as sighted children, with discipline, an orderly approach, and practical educational material.*
> - *Understanding eye diseases, the limitations, and the special needs in relation to teaching are important.*
> - *Using vision maximally is not harmful to the eyes unless specifically not recommended medically; e.g., recent eye surgery, active inflammatory disease.*

- *Increasing visual experience in the true sense of the word is best done by bringing objects that mean something into the visual range of the child either by having the objects close to the eyes, or by telescopic magnification of a nonportable, distant object. Concept building is the same as for sighted children, but the limited range of vision reduces the child's possibilities to clarify concepts for himself (distance, height, measurements) without having someone provide a method or means for him to have the experience.*
- *Selecting print size which the student can see with or without special correction is related to the visual acuity level, and to the diagnosis.*
- *Reading easels or special stands may relieve fatigue for the visually limited child who must assume awkward posture to read a few inches from the page. (Making a simple reading stand is a good shop project.)*
- *Arranging proper lighting for a student is part of understanding the requirements of the eye disease.* [The bright lighting optimal for one partially sighted person may be detrimental to another who, because of retinitis pigmentosa or albinism, may prefer dimmer lighting. In most cases such problems can be overcome through seating arrangements, use of small desk lamps, enlargers or medically-prescribed tinted lenses.]
- *Spatial orientation for a visually limited child can best be taught using the familiar environment.*
- *The visually limited child may need additional time on specific subjects -- math, geometry, and languages.*
- *The major difficulty may be poor distance vision. When a child needs to use a telescopic device for a television screen, chalkboard, or overhead projector image, he may have to be shown how to focus.*
- *A major difficulty may be near vision. They may read regular large print, but be unable to see very small print, numbers, or exponents. Enlarged material or a magnifier may solve this problem.*
- *The print size of the current textbooks needs periodic re-evaluation, especially at the beginning of a new school year. The aid in use may not be strong enough. Many children who have read without correction in the early grades need aids for the first time as the print size decreases in the*

> *upper grades. The child's reactions to written material or special corrective lenses are usually valid and important to observe.*
>
> - *The diagnosis is the framework for an individualized program for each child. Eye diseases have characteristics which affect the teaching methods used: congenital or adventitial, progressive or nonprogressive, refractive error, field defects, night vision, color vision, preferred lighting, type of optical aids used, restriction of physical activity, and treatment or medication.*
> - *The visual acuity of a child does not indicate the level of the visual functioning. This can be better evaluated by daily observation. Any change in functioning, whether gradual or sudden, is significant enought to report.* (pp. 153-155)

Effective accommodation of the student in the classroom may well require a team effort among teachers, the counselor (who may have to furnish information to the teacher, suggest that s/he consider the above guidelines, or assist in a referral to a low vision clinic), the student, the specialist in educating low vision students, the ophthalmologist, and other personnel from the low vision clinic.

There is relatively little literature available on issues associated with low vision. One excellent book that the school personnel can obtain is:

> Eleanor Faye, The low vision patient: Clinical experiences with adults and children.

Some materials are available from the American Foundation for the Blind and from the National Association for Visually Handicapped, a national organization concerned with partially sighted children and adults (see National Resource Section). NAVH and its local chapters will also refer partially sighted persons to agencies for personal and career counseling services.

HEARING IMPAIRMENTS

Deafness

Operationally defined, deafness is an impairment of hearing so severe that the individual must rely on vision for communication.*

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* The reader should note the distinction between the terms deaf and hard of hearing as used in this manual: the latter refers to the individual who can rely somewhat on his/her hearing for purposes of communication.

Communication problems of deaf persons are usually related to age at onset of the disability. Persons postlingually deafened -- those who suffered the hearing loss after having acquired language and speech -- are generally less functionally handicapped than persons who are prelingually deaf. Prelingual deafness refers to hearing loss present at birth or occurring before language and speech patterns have been learned; persons thus disabled are likely to have communication problems both expressively (transmitting thoughts via written and spoken language) and receptively (understanding the written and spoken word). The developmental problem of experiential deprivation is often associated with prelingual deafness. (Ways in which experiential deprivation may affect the student's need for career development, personal counseling, vocational assessment, and job placement services and the administration of psychometric tests are discussed throughout this manual.)

It is crucial to remember, however, that speech and language difficulties are not related to impaired intellect, but rather are a function of being deprived, early in life, of the opportunity to acquire language through normal channels. Numerous research studies indicate that intelligence, manual dexterity, and motor skills have the same distribution in the deaf population as within the general population.

Simply stated, the various ways in which deaf persons are taught to communicate may be subsumed under three major categories: oral, manual and total communication. The oral method, which stresses the development of speech, the use of speechreading (lipreading), and writing is usually more difficult to learn, particularly for prelingually deaf persons who have had little or no experience in hearing syntax, vocabulary and the sound of spoken word. Speechreading is generally inadequate for total understanding of the speaker. Only 30% of spoken English is visible on the lips and approximately 50% of English sounds are homophonous (look alike on the lips), for example, "t" and "d." Some deaf persons may master speech articulation, but others may have speech which is not fully comprehensible.

The various methods of manual communication include sign language, fingerspelling, Seeing Essential English (SEE), and siglish. Sign language is not based on the syntax and grammar of English but rather is concept-based. Spatial positioning is important in sign: the same gesture may have a different meaning depending on where it is located in relationship to the body. There are unique idioms, as in any language. Verbs, tense, and adjectives and articles used in English are not always used in signing; for example "I feel", "I felt", and "I have felt" may be expressed by using the same sign. Hence, a person highly fluent in sign language may still have grammatical difficulty with spoken and written English.

Fingerspelling is a system of hand configurations representing the 26 letters of the alphabet. The English word is spelled out using these motions.

Seeing Essential English (SEE) involves signs which correspond to the sound components (phonetics) of English words. Certain signs which indicate such factors (functional morphemes) as tense, pluralization, and person are used. Siglish is actually signed English where the individual uses the signs of sign language but puts them together according to the rules of English syntax.

Total Communication is an approach advocating the use of a number of modes of communication, both oral and manual -- speaking, writing, signing, fingerspelling, and speechreading -- in combinations which are most effective for the individual.

A deaf person's use of one or more of the above types of communication is dependent upon a number of factors, including educational background (oral vs. manual vs. total), extent of residual hearing, age at onset of hearing loss, personal preference, achievement orientation of the individual, and native skills. The generalizations can be made, however, that the majority of deaf people are proficient in manual types of communication, and that speechreading, at best, is an imperfect tool.

Communication problems, per se, are not insurmountable obstacles in the classroom. Students who speechread should sit near the front of the class and the lighting should be bright. The instructor should speak normally (i.e., not exaggerate lip movements), face the class, write technical words on the blackboard, and avoid covering the mouth while speaking.

For some students, it will be preferable to have an interpreter in the classroom who will relay statements through manual communication. If the topic of instruction involves the use of technical words, the instructor should inform the interpreter beforehand, so that signs or some other system may be developed by the interpreter for relaying these unfamiliar words to the student. The interpreter should stand near the instructor, so that the student can see both clearly. When the student speaks or signs, the instructor should look at him, not at the interpreter. Likewise, the instructor should address the student directly.

Although some students who are deaf are highly verbal and able to express themselves well in writing, others may have extreme difficulty in verbal expression and may exhibit underdeveloped vocabulary and poor syntax. It may hence be necessary to offer a remedial program at the school to improve these skills.

Communication difficulties and other factors often associated with profound hearing loss may uniquely affect the counseling process. The following sections discuss methods of communicating with deaf students, adjustment problems which may confront the prelingually deaf person, and issues related to the career guidance of deaf students.

Communicating with the deaf student. While postlingually deaf persons, and to a lesser extent prelingually deaf persons, may have adequate or good articulation, some persons may have speech which is difficult to understand. McGowan and Vescovi (1971, p. 143) suggest that in order to better understand an individual's speech, the counselor can watch the client's lip movements: although vocalization may be poor, the lip movements may approximate the consonants, vowels and words that are spoken. Levine (1960) presents the following suggestion for understanding the speech of the client:

> *When difficulties are encountered, a helpful procedure is to permit the deaf subject to talk uninterruptedly for a while to give the interviewer's ear a chance to become attuned to the particular tones and rhythm of the subject's speech. If the interviewer experiences embarrassment listening to uncomprehended speech, or if the subject has little to say, it is often helpful*

> *to request him to read aloud on one pretext or another. Having a known verbal context to which to refer helps the listener synchronize the sounds he hears with the words they stand for. During this auditory adjustment period, the interviewer should not strain for precise comprehension but should rather open his ears to the general speech pattern until it finally sets into recognized verbal forms.* (p. 164)

The construction of sign language is not parallel to that of the English language. When the student's primary mode of communication is sign, his/her written and oral communication may reflect the grammar and syntax of sign language rather than the grammar and syntax of English. Thus the statement "I went to the movies yesterday" may be expressed "Movie yesterday go." While some deaf students will have expressive modes consonant with the English language structure, the counselor should be prepared to understand verbalizations that have irregular syntax. Most important, the counselor must remember that irregular expression is not the result of inferior intellect.

Speechreading, which a number of deaf people use, is an imperfect tool at best. The counselor can facilitate the process for the student by avoiding a natural tendency to exaggerate mouth and facial movements when speaking. Sitting with one's back to a light, window, or mirror can make speechreading difficult for the student. If the student has difficulty in understanding a certain word or phrase the counselor can switch to another word or phrase rather than continuing to repeat the one causing difficulty. If a student is nodding his/her head the counselor cannot assume that the message is understood; it is helpful to ask in a friendly manner if the student understands what is being said.

When communication difficulties arise between counselor and student, it may be necessary to use written notes. The writing of simple messages can be an effective way to impart information but is basically stultifying in personal adjustment counseling situations.

If the student communicates primarily through manual language, as some profoundly deaf students will, it is highly preferable for the counselor to be proficient in that mode of communication. Persons interested in learning manual communication may be able to identify available courses by contacting their State Vocational Rehabilitation Agency, school for deaf students, or the continuing education program of a local university or community college.

Personnel who cannot communicate well manually will find it necessary to use interpreting services when counseling the manual student. The Arkansas Rehabilitation Research & Training Center (1973) presents the following guidelines concerning the use of an interpreter in the counseling situation:

- It is suggested that the interpreter repeat verbatim what the deaf student is saying or signing. This helps the counselor to determine the student's language level and avoids the interpreter's coloring of the student's statements.
- The counselor and interpreter must avoid private conversations in the presence of the student, who may resent being excluded from such interactions.
- It is necessary for the interpreter to sign everything the counselor says to the student.
- The interpreter and counselor should sit side by side so that the student can see both of them.
- When the student is speaking or signing, the counselor should look at the student, not at the interpreter. Facial expressions and body language may reveal important aspects of the student's attitudes and emotions.
- The counselor should look at the student when talking to him/her, not at the interpreter.
- The counselor must stress the need for confidentiality with the interpreter.
- The use of family members as interpreters is to be avoided. The family member may have a tendency to talk about, rather than interpret for, the student. (pp. 18-19)

There are several problems in using an interpreter. Obviously there is a loss of direct communication, which can disturb rapport between counselor and student. Confounding this is that the presence of a third person may have an inhibiting effect on the student. Feeling and content can be lost in the interpreting process, even with a skilled interpreter.

Experiences and possible adjustment problems of the prelingually deaf. The complexities involved in counseling the prelingually deaf student -- one who was born deaf or who became deaf before acquiring language --

may go beyond the issue of the counselor and student arriving upon an adequate mode of communication. To serve this student effectively, the counselor must gain an understanding of the effects that early sensory deprivation can have upon learning and adjustment.

Much of the knowledge acquired in one's life is learned not in the formal school setting, but informally through daily communication with parents, family, friends, and through the media. The profoundly deaf infant and young child is deprived of the benefit of these very basic sources of information about the immediate and extended environment. Lacking hearing, the tool for monitoring his own speech and the speech of others, the young child cannot spontaneously acquire the language used in the hearing world around him/her. Reading skills may provide a visual tool for gaining information about the environment, but the development of reading skills is delayed because of the difficulties involved in acquiring the basis of reading -- language.

The child born into a family which uses manual communication is fortunate in a certain respect, for s/he is provided with a method of exchanging with parents and siblings the information and feelings that are generally expressed verbally among the hearing. But many children are reared in families that do not have manual communication skills; furthermore, parents may resist learning this alternative language themselves and prohibit their child from doing so, in an attempt to deny the impact of the disability and to "normalize" the child. When the child starts his/her education, the school may focus on the development of verbal communication; but learning speech and speechreading is arduous and slow, and is for some deaf persons an insurmountable task. Teaching the more easily-learned manual vehicle for communication may be underemphasized in the early years of the child's formal education. Hence the young deaf child may be deprived of the tools for making known his/her needs, for understanding, cognitively and emotionally, what is happening in the immediate environment, and for informally acquiring knowledge of the world beyond his/her home and school. The effect may be one of total isolation.

A further factor affecting the child is the way the family copes with the stress of having a severely disabled child. Anger, denial, ambivalence, overprotection, over-identification, and over-permissiveness are among the responses that parents may have to their deaf child. If such emotional elements are heaped upon the isolation of the young child, adjustment problems may well develop.

Personal counseling with some profoundly deaf students may prove to be a difficult, and possibly nonproductive, effort, unless the counselor is highly proficient in manual communication and has specialized knowledge of the effects profound deafness can have on life experiences and personality development. Beyond requiring these types of expertise, effective personal counseling may be dependent on awareness of the very subtle ways that altered language development and the manual language itself can affect the ways an individual understands concepts that are mediated by language. Ranier and Altshuler (1966) suggest that perhaps words and "other experiences which are organized around words....lead to different associations in the deaf and in the hearing, and therefore will have a different cognitive-emotional meaning" (p. 76). Figurative meanings can be misunderstood, such as those of the following statements used in counseling: "We want you to look at yourself" or "What is behind your behavior?" If intensive counseling is necessary, it is best to refer the student to a counselor or therapist experienced in serving persons who communicate manually.

To understand the impact that deafness can have on the early development of the deaf child and the consequences on the adolescent's and adult's social, psychological, educational and vocational adjustment, it is strongly recommended that counselors read the following excellent books:

Eugene D. Mindel & McCay Vernon, They grow in silence: The deaf child and his family.

Allen E. Sussman & Larry G. Stewart, Counseling with deaf people.

Career guidance. Career counselors should recognize the effect that experiential deprivation and communication difficulties may have upon the deaf student's formulation of career goals. Numerous references in the literature on deafness indicate that the student may have either unrealistic and/or limited knowledge about occupations. E. Ross Stuckless of the National Technical Institute for the Deaf has indicated:

> *Research on career development of deaf students draws attention to the fact that most deaf students evidence considerably less maturity than hearing students as they enter postsecondary education, about certain fundamental dimensions of career development, most particularly in the realms of occupational information, and the skills and knowledge necessary for career decision-making.* (1972, pp. 14-15)

As further stated in Research conference on the deaf young adult (1972):

> *So many of our [deaf] students are at the early level of occupational maturation that allows them to think and act like early school children; that is, they seem to believe that they can become whatever they want to become, as if the wish is almost effortlessly father to the deed.* (p. 39)

Some deaf students will come to the high school with a valid career goal in mind, perhaps as a result of career exploration experiences offered at a previous educational level. But because some public day schools and classes for deaf students are not equipped to provide extensive counseling services (Vernon, 1971, pp. 31-32), it may be anticipated that some deaf students will have difficulty in making suitable career choices. Thus career guidance personnel may be called upon to assist the student in exploring career options. Techniques and materials for career exploration and other aspects of career development are discussed in the chapters, Career Development and Guidance, and Vocational Assessment.

Partial hearing loss

To various degrees, persons who are hard of hearing may depend on their hearing to understand the speech of others. Students who are hard of hearing do not constitute a homogeneous group. Different types of impairments may exist: the hearing impairment may involve a loss of sensitivity of hearing (the individual can hear sound only if it is of a certain loudness or pitch), and/or a loss of ability to discriminate between certain sounds. The extent of the loss may range from slight to severe. One person referred to as hard of hearing may have only mildly impaired hearing which is not really handicapping; s/he may have difficulty only in hearing faint speech or in hearing sounds from a distance, and may have no problems in oral and written communication. Another person considered hard of hearing may have a severe hearing loss, may experience problems in understanding speech even with a hearing aid, and may have difficulty in articulation.

The effect that a partial hearing loss will have on the student's adjustment and academic achievement is dependent on a number of factors in addition to the nature and severity of the impairment. These factors are:

- Age of onset. A moderate to severe hearing loss present at birth or occurring early in life can interfere with the development of speech and language. Impaired ability to acquire speech and language may negatively influence personal-social adjustment and educational performance in ways similar to those discussed in the previous section on deaf students.
- Extent to which use of a hearing aid corrects the impairment. Prescription of a hearing aid appropriate to the extent and type of hearing loss, along with auditory training regarding the use of the hearing aid, can provide some individuals with adequate auditory functioning. However, not all persons can benefit from the use of a hearing aid.
  - Hearing aids amplify sound, but they cannot compensate for a problem such as hearing distorted sound. If a person hears the sound in a distorted way, then a hearing aid will make the distorted sound louder.
  - Hearing aids make all sounds louder -- background sounds as well as speech sounds. It can be extremely difficult to discriminate between the "desired" sounds and background noise. (Auditory training may help some persons to better discriminate between the two.)
  - Abnormal sensitivity to loud sounds may be associated with certain types of hearing impairments. The individual may not be able to tolerate the amplification of a hearing aid.
- Ability to use residual hearing. Individuals will vary not only in the extent and nature of hearing that remains, but also in the ability to use that hearing. Auditory training can assist those persons who have residual hearing to better identify and recognize speech and nonverbal sounds, and to better distinguish

among sounds. Early auditory training by the school and by parents is particularly important for children with prelingual hearing impairments.

- Speechreading ability. As indicated previously, the ability to speechread will vary from person to person.

Hard of hearing students have traditionally received less attention -- in terms of appropriate educational and support services -- than have deaf students. Berg (1970) has asserted, "In the United States, the hard of hearing child is not obtaining an adequate education to compete in society" (p. 13). It is not uncommon for the hard of hearing youngster to be misplaced either in a school for deaf students (where the instructional pace may be too slow and where there may not be sufficient emphasis on optimal use of residual hearing) or in a regular school (with inadequate aural rehabilitation services, insufficient specialized instruction in oral and written language skills, and an instructional pace geared only toward hearing students). Such a lack of appropriate instructional services can retard educational performance, cause the student to lose interest in school, and subject the student to unnecessary frustration and failure.

Providing an appropriate high school education to the hard of hearing youngster will require highly individualized programming. The placement team and school personnel who will be serving the student must understand what specific hearing difficulties the student has. A report stating that the student has a hearing loss of so many decibels in a certain frequency range will be of little help to most planners and teachers. The otologist (physician specializing in diagnosis and treatment of the ear), the audiologist (specialist in non-medical evaluation and rehabilitation), and the speech therapist must present diagnostic information in terms of the educational implications for the student. Placement personnel, guidance workers, and teachers should be informed of: the student's need for certain acoustical conditions; his/her ability to gain information through hearing, speechreading, and/or manual communication; whether the student has a progressive hearing loss and if training in speechreading and/or manual communication is thus advisable; and the need for aural rehabilitation services and/or for speech therapy. The student's previous teachers, the psychometrician, and the school or district specialist for hearing impaired children may also assist in curriculum planning -- by assessing the student's capacity to benefit from regular class placement and his/her need for remedial instruction in such areas as language skills. Parents may be consulted regarding their perceptions of the child's readiness to enter the regular class, his/her past responses to regular class placement, and other personal-social factors which may have a bearing on placement. And not to be forgotten -- the students should actively partake in planning their program, both in terms of their interests and the conditions that will help them to function best. These conditions include how loud the teacher or counselor should speak, the degree to which background noise interferes with hearing, how far away the student wishes to be from the speaker, and the student's preference regarding the use of manual communication.

Just as there has been neglect in educational programming for hard of hearing persons, so has there been a paucity of research on adjustment-related issues. What little has been written tends to focus on adjustment difficulties confronting the hard of hearing person. O'Neill (1964) has written that the life space of a partially hearing person can be a world of partial confusions:

> *In such a world he will not withdraw, as he might if he could hear nothing. He tries to maintain contact. The result is a sort of mystified reaction consisting of worries about coping with the unusual -- the unknown speaker or situation. He may well become a second -- or third-class listener -- uncertain about every oral signal he receives or is about to receive. He may want to escape from communicative situations but be forced to confront them. Such behavior results in the development of an uncertain self-image.*

Others have written of the sense of isolation, the lag in social maturity, and poor educational performance that may be associated with partial hearing loss (Berg, 1970; Levine, 1960; Myklebust, 1960; Wright, 1960). Berg has stated that serving the hard of hearing teenager is characteristically very difficult. "In the regular school, the hard of hearing teenager tends to discard his hearing aid, sit in the back of the classroom, and miss remedial sessions" (p. 20).

The adolescent's refusing or "forgetting" to wear his/her hearing aid is a problem often mentioned in connection with partial hearing loss. If this situation occurs, it is essential that the counselor ascertain why the student is rejecting the aid. The student's retort, "It doesn't help anyway," may in fact be true and referral for evaluation is in order. Or nonuse of the aid could be symptomatic of anger at authority figures or an attempt to exert autonomy. In such cases the counselor can help the adolescent to more directly express his/her anger or to find alternative modes for expressing independence. If the student rejects the aid because of a typical adolescent fear of being "different," the counselor can, as is discussed in the next chapter, help the student place this issue in the proper perspective and assist him/her in dealing with the negative remarks of peers. In one high school that we know of, a newly enrolled severely hard of hearing student was taunted by some students. Aware of this problem, a physical education instructor arranged for the captain of the football team to be a "big brother" to the student and "orient" him to the school. The taunting soon stopped.

It is important to recognize that rejection of a hearing aid, or any prosthetic device, could be symptomatic of problems less easily treated than those described above. Rousey (1971) states that the defense mechanism of denial may be operating and asks the following critical question:

> *Should the clinician attempt to remove such a mechanism, or is such a defense sometimes helpful? There is no simple answer. The mechanism may be inappropriate to the extent that it restricts an individual's capacity to function or to creatively contribute in his environment, or, on the other hand, it may be helpful at a given point in time to assure maximal functioning. Most certainly, depriving anyone of his psychological defenses is an issue to be considered carefully in the context of the individual's mental health and needs.* (p. 384)

When extreme denial exists, it may be necessary for the counselor to refer the student for intensive counseling.

In providing guidance and counseling services to the hard of hearing student, the counselor should be aware of the effects that "marginal status" may impose on adjustment. As we have mentioned previously, marginal status -- being neither deaf nor normally hearing -- may produce extreme confusion regarding performance standards. If parents and educators are not aware of the hearing loss (which may go undiagnosed for years), or if they know of the hearing loss but do not understand its implications, they may set unrealistically high expectations regarding career and education. The child will be placed in the wrong educational setting and will be doomed to failure and frustration. Conversely, if parents and educators exaggerate the limitations imposed by the hearing loss, an inappropriate educational placement will be made and the child may underestimate his/her own abilities and options for the future.

Marginal status may also lead to misinterpretation of the child's behavior. When a child is deaf, parents and educators are generally aware that the child cannot hear the spoken word and that even if the child speechreads, s/he may misunderstand what is being said. However, it may not be recognized that the hard of hearing child can hear under certain conditions, but not under other conditions. When the child doesn't respond to the requests of parents or teachers, they may perceive the child as "faking it." Or they may not realize that straining to hear for an extended period of time can cause tension and irritability: the child may be considered surly. In either case the child may be devaluated for behavior that is not willful disobedience, but rather a function of impaired hearing.

While disability-related adjustment problems such as those discussed above may be attendant to hearing loss, maladjustment is not the ineluctable fate of the hard of hearing young person. As Cosper (1976) has observed in working with hearing impaired youngsters in two schools:

> *Emotional adjustment can be just as natural for a hearing impaired child as it is for the child who*

> *can hear. Most of the hearing impaired students at the Jane Brooks School and at Berrien Springs have healthy self concepts. They have academic ability, sports prowess, and rapport with other people in the community just like any hearing child. The majority of the parents were handling their children's problems in a normal parent fashion -- taking time to "hear" their children and explaining situations whether they stemmed from normal teenage development or had to be related in the light of the hearing impairment.* (p. 149)

For further information regarding adjustment-related issues and educational services we recommend the following readings:

Frederick S. Berg & Samuel G. Fletcher (Eds.), The hard of hearing child: Clinical and educational management.

Gary W. Nix (Ed.), Mainstream education for hearing impaired children and youth.

Clyde L. Rousey, Psychological reactions to hearing loss. In Journal of Speech and Hearing Disorders.

DIABETES MELLITUS*

A major concern for most youngsters with diabetes is to maintain a balance between diet, insulin, and exercise. The individual with diabetes has a metabolic condition wherein the insulin produced by the pancreas is insufficient to properly use the sugar (glucose) and starches present in the food that is eaten. These substances are not converted into energy or stored for future use as they are in the non-diabetic person. By supplementing body insulin with injections of prepared insulin and by following a prescribed diet and a regular routine of daily activity, the individual can control the condition so that sugars and starches taken into the body will be properly utilized. Providing that proper diet, exercise, and schedule of medication are heeded, diabetes will not be a handicap to the individual.

Although not all persons with diabetes require insulin, young persons are likely to require these injections. Generally speaking, when the onset of diabetes is early the condition is likely to be more severe and thus require insulin. The student will take insulin by injecting it under the skin of the arm, abdomen, or thigh, varying the spot from day to day. Almost all insulin-taking diabetics, even young children, learn to measure the correct amount of insulin and to make the injections themselves. The physician prescribes the amount of insulin to be taken and the diet to be followed based on the type of activities the individual usually undertakes daily. Thus a radical change in activities would necessitate an alteration in insulin dosage and diet.

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* Students with diabetes may have a related visual impairment, thus requiring the services addressed in this manual in connection with blindness and limited vision.

If a person undertakes more strenuous activity than is usual or hasn't eaten enough, or when there is an imbalance of insulin, the amount of sugar in the blood may become too low and an insulin reaction may begin to develop. The symptoms may be lightheadedness, faintness, hunger, trembling, sweating, blurred vision, tingling sensation, irritability, confusion, mood change without apparent cause, drowsiness, headache, nausea, or loss of consciousness. School personnel should be alert to the warning signs of such reactions and the student should be encouraged to recognize and report them. The information card prepared by the Diabetes Association of Greater Chicago, What school personnel should know about the student with diabetes, indicates that at the first indication of any warning signs, the following treatment should be administered:

> *Give sugar immediately in one of the following forms:*
>
> *a. Sugar -- 5 small cubes, 2 packets, or 2 teaspoons*
> *b. Fruit juice -- 1/2 to 2/3 cup*
> *c. Carbonated beverage -- (Not diet or sugarless pop) -- 6 ounces*
> *d. Candy -- 1/4 to 1/3 candy bar*
>
> *The student experiencing a reaction may need coaxing to eat. If improvement does not occur within 15-20 minutes, repeat the feeding. If the child does not improve after administration of the second feeding containing the sugar, the parents or physician should be called. When the child improves, he should be given a small feeding of 1/2 sandwich and a glass of milk. He should then resume normal school activities and the parents advised of the incident.*

What school personnel should know also states that diabetic coma, a serious complication resulting from uncontrolled diabetes, does not come on suddenly and generally need not be a concern to school personnel. All school personnel should be informed that the student has diabetes and should understand the fundamentals of the disease and its care.

Diabetes need not limit the young person's life beyond the need to follow a diet, take insulin, and regulate (not eliminate!) exercise. Most students may engage in all types of sports and recreational interests (as long as they have eaten and slept properly and don't suddenly "overdo it"). Most career avenues will be open to persons with diabetes. The Committee on Employment and Insurance of the American Diabetes Association states that persons who can be treated with diet alone or with diet and an oral blood-sugar-lowering agent have no employment restrictions and can pursue both hazardous and nonhazardous jobs. One exception is that persons requiring oral agents should not be commercial pilots. Persons who do require diet and insulin should not pursue potentially hazardous jobs (e.g., working on scaffolding or near heavy moving machinery), nor will they qualify for driving commercial vehicles engaged in interstate or foreign commerce. Persons with diabetes are capable of performing heavy manual labor (1972, p. 834). Jobs with erratic working hours are best avoided. Where there is some doubt as to the advisability of a certain school activity or career goal, the counselor should consult with the student and if necessary, parents and physician.

While most activities and goals will be open to the young person, s/he may still feel quite constrained by the obligation to get enough sleep, regulate patterns of activity, avoid eating foods that friends eat, and take insulin. As we repeat throughout this manual, anything that makes an adolescent "different" from his/her friends can represent a terrible burden to that adolescent. Further, the dependence/independence conflict so common in adolescence may have an impact on the young person's management of the condition. The typical rebellion against regimentation by parents may translate into a rebellion against the regimentation imposed by the diabetes. Acting out may take the form of "forgetting" or refusing to adhere to the proper diet or to take insulin.

In addition to affecting the management of the condition, emotional factors can affect the physiological aspects of the condition. As pointed out in the brochure What is Diabetes? (1975):

> *Feelings of anger, anxiety, fear, guilt, or resentment can cause a rise in blood sugar in the normal person. In the diabetic, this increase is more pronounced and may require more insulin. The diabetic who can cultivate calmness in the face of emotional stress will help control the disease.* (p. 24)

The counselor may need to help the teenager feel that s/he is not inherently different or stigmatized because of the diabetes and that strivings for independence can be acted upon in other ways that are not harmful to oneself. The counselor may also consider contacting the local or state Diabetes Association, which may distribute materials and sponsor activities to help the young person manage and cope with his/her condition.

Factors for schools to consider in accommodating the student are:

- There should be a place, for example, the school nurse's office, where the student can administer injections in privacy. Also, insulin must be stored for future use in a refrigerator.
- The home economics teacher may provide teenage boys and girls with information on meal planning with "exchange lists." There are a number of attractive cookbooks, many available from the American Diabetes Association, designed for persons on controlled diets.
- Students may have special concerns such as -- Should I tell my friends about my diabetes? What should I do if I'm out with a date who doesn't know about my diabetes - and the meal is delayed? Role playing regarding these issues, either in group or individual sessions, may be extremely helpful to the student.
- Students may also be concerned about transmitting diabetes to their offspring, and the effect of diabetes on pregnancy and birth. Students should be referred to a specialist for counseling and information regarding these issues. Genetic counseling may be available from the student's physician or from a hospital or clinic. The local or state chapter of the American Diabetes Association may be able to refer the student to the proper source.
- It may be necessary to pay particular attention to scheduling. For example, it is best not to schedule physical education just before lunch or to assign the student to a late lunch period.

The local and state chapters and the national office of the American Diabetes Association are excellent resources for school personnel and for individuals with diabetes. These agencies provide information and referral services and often sponsor activities geared to youngsters and young adults. (See the National Resource Section and State Resource Section for further information.) Counselors should write to the American Diabetes Association for a bibliography of available materials. Among those ADA materials we recommend are:

> Diabetes Forecast. A bimonthly magazine for people with diabetes and their families. Includes discussions of medical and personal problems, recipes and menus, articles by persons with diabetes on successful patterns for living, and reports on consumer efforts. Some articles and columns are specifically oriented to teenagers.
>
> Diabetics are desirable workers. A pamphlet for prospective employers.
>
> Facts about diabetes. Booklet simply and clearly addressing various topics including the nature of diabetes, its management, careers, life insurance, camps, heredity, and marriage.
>
> What school personnel should know about diabetes. An 8 1/2 x 11" card to provide school personnel with basic information about diabetes, the problems that may arise, and how these problems can be handled.
>
> What it means to be female and diabetic. Reprint of a series of articles by Dr. Priscilla White which discuss sexual maturation, psychosocial development, the effect of diabetes on pregnancy, and parenting.

The following pamphlet published by the Manpower Administration provides employment-related information helpful to career guidance and job placement personnel.

> Interviewing guides for specific disabilities: Diabetes.

MUSCULAR DYSTROPHY

There is actually no single disease called muscular dystrophy. As defined by the Muscular Dystrophy Association (1975),

> *Muscular dystrophy is the general designation for a group of chronic diseases whose most prominent characteristic is the progressive degeneration of the skeletal or voluntary musculature. They are for the most part hereditary conditions although spontaneous occurence, as the result of genetic mutation, is not uncommon....There are variations in the age of onset, in the muscle groups first affected, and in the rate of progression. As a rule, it can be said that the earlier clinical symptoms appear, the more rapid is the progression.* (p. 15)

The major types of muscular dystrophy which may be present in high school age populations are: Pseudohypertrophic (Duchenne), which generally begins between the ages of two and six; Facio-scapulo-humeral (Landouzy-Dejerine), in which the onset is usually early adolescence; and Limb-Girdle (including Juvenile Dystrophy of Erb), which may begin anywhere in the first to third decades of life. Depending on the type of muscular dystrophy and the individual case, there will be varying effects. The condition may progress quite rapidly or slowly, produce severe or minimal disability, and may either greatly shorten life expectancy or have little effect on life expectancy. Mental deficiency or deterioration is not an accompaniment of the condition.

An essential point to keep in mind when working with the student with muscular dystrophy -- or a student with any other disability -- is that school personnel should treat that child as similarly as possible to the way nondisabled children are treated. The student should be expected to demonstrate as much self-sufficiency and independence as is physically feasible for him/her and to abide by the same standards of conduct expected from nondisabled students. Applying such expectations to the youngster with muscular dystrophy may be a difficult task for the counselor and other school personnel, particularly when the child is severely disabled, will become severely disabled, and/or has a poor prognosis for life expectancy (none of which are inevitable for persons who have muscular dystrophy). Pity and overprotection rob persons of the feelings of independence and self-sufficiency that are prerequisite to mental health. Allowing the student to do as much as possible for him/herself is important for mental health as well as for physical well-being (Muscular Dystrophy Association, 1975a).

Encouraging such independence does not imply a "sink or swim" attitude. The student who has been overprotected at home or in previous schools should be gradually exposed to the new standards for independence, and in such a way that his/her efforts are successful. The student may need instruction in self care and in the use of adapted aids (e.g., a "grabber" -- a long wooden scissors-shaped device with a magnet on the end for picking up objects).

Programs of instruction may be available from the local chapter of the Muscular Dystrophy Association or from a school- or community-based occupational therapist. Before embarking on any efforts to increase independence, the counselor must meet with the student's parents to discuss whether the condition will permit for successful learning of skills, to recommend that they discuss the matter with the child's physician, to suggest plans for increasing independent living skills, to explore their feelings, opinions, and suggestions, and to ask them to arrange the services (or seek their permission to make the referral from the school). Similar meeting(s) with the student should also be conducted.

While many students with muscular dystrophy will come to the school with adequate independent living skills and will require no special instruction, other students may be so severely disabled that they can realistically acquire little physical independence. Nonetheless, independence in decision-making is available to these students and they should be provided opportunities to exercise this type of independence. Personal counseling may also be necessary to help the child accept his/her physical dependence as nondevaluating. (For a further discussion of issues surrounding independence-dependence, see Personal Adjustment, pp. 116-121.)

The student with muscular dystrophy will have counseling needs similar to those of most students, but s/he will also have needs that are quite different. The fact that muscular dystrophy in persons of this age group is usually progressive may introduce unique needs and will necessitate special consideration in the provision of guidance and related services.

Because the student's physical condition is likely to deteriorate in future years, services cannot be based solely on the student's current physical capacity. Schock (1976) suggests that career planning be based upon the student's ability to use his/her mind well, rather than on current physical capacities which are likely to diminish. She also comments that since self-employment can provide ultimate financial independence for severely disabled persons, schools should provide students with courses in business principles and procedures. To guide the student toward careers which will be feasible in future years, counselors should obtain information on what the student's physical capacities are likely to be as s/he gets older.

Similarly, students should be introduced to recreational opportunities and skills (if necessary, sedentary and non-physical) that they will be able to enjoy in future years. As Mearig (1973, p. 243) points out, "The larger the repetoire of cognitive skills and interests upon which they have to draw, the better." Physical activity should not be ignored, however. It is essential not only from the perspective of enjoyment and socializing with peers, but also in relationship to the student's self image and to his/her physical condition. The ability to achieve a realistically-set physical goal can improve self image. Activity is physically therapeutic in that exercise and stretching can slow contractures (Schock, pp. 14-15). Adaptive physical education programs should be planned in conjunction with the student's physician and physical therapist. (For further information on recreation and physical education, see Personal Adjustment, pp. 139-141, and Educational Planning, pp.185-186.)

The teenager with muscular dystrophy -- like all teenagers -- may have adjustment problems around such issues as independence-dependence, body image, peer acceptance, and sexuality. The extent to which disability is a factor in these problems will vary from individual to individual. The counselor must recognize that the degree to which disability does (or does not) contribute to poor adjustment in no way alters the fact that the dystrophic youngster has the same basic needs as all youngsters. The counselor must approach him/her with support and respect; opportunities must be provided for acquiring the experiences, motivation, interests, and skills prerequisite to coping with life situations.

As indicated in later chapters, there are a number of ways in which the counselor and other school personnel can, if necessary, help improve the physically disabled student's acceptance of self, facilitate his/her adjustment in the school, and equip him/her with personal, social and career skills. However, there are certain aspects of personal adjustment that we feel are outside the counselor's purview. Serious emotional difficulties, for example, chronic anxiety or depression that a person may feel about progressive physical debilitation or eventual death, are best dealt with by a professional highly experienced with such issues. What the counselor can do is to recognize the existence of severe emotional problems and refer the family and students to outside sources of treatment.

Referral, information, and direct services as well as financial assistance are available from the state and local chapters of the Muscular Dystrophy Association. Persons with conditions other than muscular dystrophy (including but not limited to myositis, progressive spinal muscular atrophy, amyotrophic lateral sclerosis) are also eligible for services. (See State and National Resource Sections for further information on MDA services.)

The Muscular Dystrophy Association national office and state and local chapters have a number of pamphlets available describing their services and presenting information on various dystrophic and nondystrophic disorders. Suggested readings from other sources are:

Nancy Schock, The child with muscular dystrophy in school. A brief and helpful brochure discussing transportation, architectural accessibility, adaptive equipment, physical education, and guidance. Other resource materials are cited.

Judith Mearig, Some dynamics of personality development in boys suffering from muscular dystrophy. In Rehabilitation Literature. Excellent discussion of adjustment difficulties and family dynamics based on actual case history material.

CEREBRAL PALSY

Of the physical disabilities addressed in this chapter, cerebral palsy is one of the most complex to consider. Cerebral palsy is not a uniform disease, but rather a syndrome which not only may affect movement and posture, but also may be associated with language problems, seizures, mental retardation, and with disorders of vision, hearing, perception, and speech. Because of the diversity of the types of impairments which may be present in persons who have cerebral palsy, and the various degrees of severity of these impairments, it is virtually impossible to generalize about the "typical" effects of this syndrome. Cerebral palsy may range in its effects from mild, involving only a slight awkwardness of gait, to severe, wherein major dysfunctions in the person's abilities to control movement, to communicate, and to learn are present. Such vast differences necessitate conducting a thorough assessment of each individual child's abilities and weaknesses in order to provide appropriate counseling, support services, and educational and job placement.

Although there may be other disorders present, from a diagnostic point of view the primary symptom of cerebral palsy is a lack of motor control due to damage to brain tissue. The primary cause of damage is an insufficient supply of oxygen to the brain (anoxia), usually before, during, or immediately after birth. Etiological factors are related to premature birth, Rh or A-B-O blood type incompatibility between parents, premature separation of the placenta from the wall of the uterus, difficulties in labor, or other virus diseases in early pregnancy. Brain damage is sometimes the result of high temperature or head injuries sustained in later life.

In medical records, the individual's condition is usually classified according to a number of factors -- the type of disordered movement, the parts of the body that are involved, the degree of severity, the state of the muscle tone, and associated dysfunctions which are present. Figure 1 presents terminology often used in describing the cerebral palsied individual's condition.

The neuromuscular impairment may range in degree of severity from affecting only one limb to rendering all four extremities as well as neck and back muscles nonfunctional so that the individual must use a wheelchair. Neuromuscular impairments may also be exhibited as facial grimacing and drooling, as difficulty in fine skilled movements of the hand, and as problems in chewing and speech articulation.

Reports on the incidence of associated physical disabilities among cerebral palsied persons indicate that visual impairments, hearing impairments, and seizures are often present. Studies consistently report

FIGURE 1

TERMINOLOGY USED IN CLASSIFYING CEREBRAL PALSY*

Clinical

A clinical type is based upon the character of the disordered movement.

1. Spasticity (50-60% of affected persons have this type of movement.)

   Mass reflex movements, increased muscle tone and weakness of involved muscles. Individual moves stiffly and with difficulty. The individual's effort to execute a voluntary movement is often frustrated by the automatic contraction of the opposing muscle, which may cause jerks and spasms.

2. Dyskinesia (20-25% of cases.)

   Characterized by involuntary movements which can be accentuated by emotional stress.

   a. Athetosis - uncontrollable, jerky, irregular, twisting movements of the extremities, especially the fingers and wrists, are apparent except at rest or sleep.

   b. Chorea - movements are more continuous, slower in rate, more writhing but less tense in character than athetosis. Movements are often limited to specific muscle groups which display increased resistance to passive movement.

   c. Dystonia - movements closely resemble athetosis, but the disorder of movement generally involves the trunk muscles more than the extremities.

   d. Tremor - more rhythmic and pendular in character than athetosis.

   e. Rigidity - describes increased resistance to passive movement through the entire range of the movement. Resembles spasticity, but with spasticity there is a feeling of relaxation of the muscle after the stretch reflex is elicited. Rigidity may be described as continuous or "lead pipe" in character, where the resistance is interrupted at regular intervals and appears as a jerky movement.

3. Ataxia (1-10% of cases.)

   Incoordination due to a primary disturbance of balance, sense, posture, and/or kinesthetic feedback. Characterized by inability or awkwardness in maintaining balance with associated gross and/or fine motor incoordination.

4. Mixed types (15-40%.)

   Various combinations of the above types of disordered movements. Athetosis combined with spasticity, or rigidity and ataxia are frequently encountered.

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* From Eric Denhoff, Medical aspects. In William M. Cruickshank (Ed.), Cerebral palsy: A developmental disability. Syracuse, New York: Syracuse University Press, 1976, pp. 30-32. Copyright © 1976 by Syracuse University Press, Syracuse, New York 13210. Adapted with permission of the author.

FIGURE 1 -- *Continued*

Topographic

A topographic (location) classification is used to complement the clinical designation. The various sites of the neuromotor disability are:

1. Hemiplegia (35-40%.) Lateralized to one half of the body.
2. Diplegia (10-20%.) The legs are more involved than the arms.
3. Quadriplegia (15-20%.) All four extremities are impaired.
4. Paraplegia (10-20%.) The legs only are implicated.
5. Monoplegia (Rare.) One limb is involved.
6. Triplegia (Rare.) Three limbs are involved.
7. Double Hemiplegia (Rare.) Both halves of the body are involved.

Degree

The degree of severity is included as part of the clinical classification:

1. Mild. Impairment only of fine precision of movement.
2. Moderate. Gross and fine movement and speech clarity is impaired, but performance of usual activities of living is functional.
3. Severe. Inability to perform adequately usual activities of daily living such as walking, using hands, or using speech for communication.

Associated Dysfunctions

The associated dysfunctions may be:

1. Sensory. Vision, hearing, smell, tactile-kinesthetic, proprioceptive.
2. Convulsive. Type, degree.
3. Intellectual. Type, degree.
4. Perceptual. Visual, auditory.
5. Behavioral. Hyperkinetic impulse disorder, neurotic, anxiety, withdrawal, acting out, psychosomatic.
6. Learning. Specific disabilities, secondary to above disorders (type, degree).
7. Emotional. Primary associated with family or biologic factors, secondary to above disorders (type, degree).

that at least 25 per cent of the samples of cerebral palsied children screened had visual disorders; some studies yielded incidence figures as high as 75 per cent (Donlon, 1976, p. 292). Hearing loss is reported to exist in approximately 20 per cent of the population with cerebral palsy, estimates of various studies yielding figures from 6 to 41 per cent (Nober, 1976, pp. 223-224). And it has been estimated that between 35 and 60 per cent of children with cerebral palsy have seizures at some point in their lives (Denhoff, 1976, p. 50). (Seizures are not necessarily present from an early age; some persons will experience their first seizure in adolescence.) While an individual's primary diagnosis might be cerebral palsy, it is possible (but by no means inevitable) that an associated physical disability can have a more disabling effect on the individual's learning and/or psychosocial adjustment than does the neuromotor impairment.

The possible existence of perceptual disorders, mental retardation, or behavioral disorders serves to further complicate the consideration of educational and counseling services for students who have cerebral palsy. Before addressing the issue of learning problems, we feel it is crucial to stress two points. First, learning deficits are not present in all cerebral palsied persons; on the contrary, individuals with this disability have been tested as having intelligence quotients which range to superior levels (Cruickshank, Hallahan, & Bice, 1976, pp. 100-111). Secondly, there is an unfortunate tendency to assume that the individual with severe problems of movement and speech is of subnormal intelligence. Such an a priori assumption unsubstantiated by fact can have a devastating impact on the mentally able individual's psychosocial development, motivation, and career and educational opportunities.

A proportion of persons who are cerebral palsied, however, do have some level of mental retardation. Research indicates that "from 50 to 75 per cent of the cerebral palsied populations studied have measured intelligence at or below the dull-normal level" (Cruickshank, 1976, p. 26). The situation can exist where a cerebral palsied youth is not retarded, but does have learning problems stemming from perceptual-motor disturbances. Associated with perceptual-motor disturbances in some cerebral palsied youth are distractibility, perseveration, dissociation, and disinhibition.

Distractibility is characterized by difficulty in selecting and focusing attention on a particular set of stimuli in the environment. Children who exhibit distractible behavior

> *...live in a confusing world in which the sound of the teacher's voice is no more compelling or focalizing than the sounds of the traffic passing in the street outside, or in which the writing on the blackboard is just another of the hundreds of things they see, each demanding attention, each detracting from the degree of concentration available for the performance of the task which should be the center of attention.* (Berko, 1966)

Cruickshank (1976) provides the following descriptions of the other behaviors observed in cerebral palsied children with perceptual-motor disturbances.

> Perseveration. Cerebral palsied children who are found to have perseverative tendencies are characterized by the persistent repetition or continuation of a word or sentence or action after it has been begun or has recently been completed. The individuals are characterized by the tendency of any mental formation, once it is initiated, to remain and complete its temporal course. Thus, the visual pattern of a word or letter may have an influence on the recognition of a succeeding word or letter which is somewhat similar or even in some cases quite different from that on which attention has first rested. Ideas embodied in words may in some instances be carried over into subsequent words or sentences by a cerebral palsied child.
>
> Dissociation. Dissociation involves a tendency on the part of certain cerebral palsied children to break up a combination or a configuration into parts. From the opposite point of view, such an individual finds it difficult to conceptualize entities in terms of a whole or a *gestalt*.
>
> Disinhibition. Motor disinhibition...is the inability of the individual to refrain from reacting to stimuli which elicit motor response. (pp. 416-419)

Research has yet to yield a definitive understanding of perceptual-motor disturbances and associated characteristics in cerebral palsied individuals. It is widely held that the characteristics described above are closely interrelated. They can inhibit conceptual processing (Birch & Bortner, 1967). And as Cruickshank et al (1976, p. 167) point out, restlessness, purposeless random activity, and erratic and unpredictable behavior may accompany perceptual-motor disturbances.

The ways in which perceptual disorders can interfere with learning, performance, and emotional behavior of the cerebral palsied child are numerous and complex. Youth with such disorders generally require specialized learning situations and educational methods, as well as psychodiagnostic evaluations and medical care administered by professionals experienced in serving persons with brain damage. Few regular high school counselors will have received thorough enough specialized training to serve students with severe perceptual disorders; and it is doubtful that short term inservice training courses can provide the counselor with adequate knowledge to unilaterally serve these students. When a cerebral palsied client exhibits learning and/or behavioral problems, it is imperative that the counselor consult with specialists (special educators, learning disabilities specialist, psychologist, neurologist) to:

- Understand the role that disorders associated with brain damage have on learning capacities and adjustment.
- Have the proper tests administered and interpreted.
- Plan proper educational strategies.
- Appropriately structure the counseling situation.
- Understand the effects that medication may have on the student's performance/behavior.
- Discern when behavior such as hyperactivity is related to brain injury or to emotional problems rooted, for example, in a poor home environment.

Similarly, consultation with various professionals both within the school and in the community is vital for the counselor who is serving the cerebral palsied youth who has physical disabilities in addition to a neuromotor impairment. Planning and implementing educational and counseling services for the multiply disabled individual in a mainstreamed setting is possible, but is a complex effort. As Connor et al (1971) assert:

> *The evidence concerning cerebral palsy suggests that multiple disability is common to children with this diagnosis. The involvement of more than one body system or function in the child's total problem usually is not additive in the sense that now there are two disabilities with which the child and his family must cope. On the contrary, the combination of disabilities comprises a new gestalt--one that usually is more complex and difficult than the addition of the individual disabilities would suggest....Thus, in educating and treating such children, interventions must be selected not only in terms of the discrete areas of limitation but also in regard to the totality of disability that emerges from their interrelationships.* (p. 357)

Personal and career satisfactions are available to the multiply disabled cerebral palsied youngster and the counselor can assist the youngster in reaching these goals. However to expect the regular high school counselor to assume this responsibility without maximum input from specialists is a disservice both to the counselor and to the student.

Because of the complex and varied gestalts created by the presence of multiple disabilities in certain cerebral palsied youth, discussions of needed treatment, education, career training and placement issues, and counseling techniques relative to the multiply disabled defy summary in this manual. The discussions which follow primarily concern the cerebral palsied youth who has limitations in movement and speech articulation, but who does not have associated disorders.

Guidance and related services for youth with cerebral palsy

Clearly, the impact that congenital neuromotor disability will have on the individual's life space is a complex function of a myriad of interacting variables -- to name but a few: nature and extent of the neuromotor impairment and associated disorders; parents' attitudes, ability to develop realistic expectations for the child, and capacity to avoid overprotection; availability of appropriate treatment and education, not only for the disabled individual, but when necessary, for the family; the individual's responsiveness to treatment and education; societal acceptance as manifested by opportunities for open and warm interpersonal relationships, for vocational participation, and for access to the environment; and the disabled individual's own values and concept of self. We have mentioned several times, and shall do so throughout this book, that disability does not have a universally typical impact on the individual, and nowhere is this more true than in considering the individual with cerebral palsy. In this section we shall focus on adjustment problems which may arise. The counselor should recognize, however, that these problems will not inevitably exist even for the student who is severely disabled.

Much of the discussion which follows has been taken from communications with Ms. Winifred Strunk, Social Worker at the Nassau BOCES Cerebral Palsy School (Roosevelt, New York), and with Dr. Emil Lombardi, Principal of the school. The authors wish to acknowledge their contribution regarding counseling approaches to help ameliorate problems some cerebral palsied students may have.*

Ms. Strunk has indicated that a major consideration in the counseling of certain cerebral palsied youth will be the need for reality testing experiences. For various reasons such as overprotectiveness on the part of others and limited opportunities to partake in those activities which are common in the lives of the nondisabled, the severely disabled youth may be deprived of the feedback and experiences necessary for developing interpersonal skills, for realistically assessing functional skills and limitations, and for exploring interests that can lead to avocational and career pursuits.

What are reality testing experiences? How can the counselor facilitate such experiences? Regarding personal-social issues, the counselor may find it necessary to gently and honestly discuss with the student how his/her behavior may be perceived by others and how the behavior may be self-defeating:

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* We also wish to thank Dr. Henry Colella, Assistant Superintendent for Special Education at Nassau BOCES for his assistance.

> *One of the things we stress with parents and students is that if the student makes himself unnecessarily dependent on others, needs to be the center of attention, and constantly feels sorry for himself no one will want to be around him. Having a disability is handicap enough; having a displeasing personality spells doom for any life adjustment.* (Strunk, 1976)

Social isolation, a problem for some severely disabled youth, serves to deprive the individual not only of reality testing experiences, but also of opportunities for enjoyment and self-fulfillment. In attempting to deal with social isolation from a counseling point of view,* Strunk uses the following approach:

> *...I try to stress to all counselees and especially those who are handicapped, that risk-taking is an important part of life. One can live a self-isolating existence in order to avoid being rejected and ultimately hurt, but if one doesn't take the chance of being hurt, he cannot expect to have times of real excitement and happiness. All of us are faced with this problem, but it is particularly acute for the disabled. When a handicapped person is just beginning to take such risks it is also important that he have someone with whom to share the defeats and successes.*

Another factor, frequently cited in the literature on the rehabilitation of persons with cerebral palsy (Garrett, 1966; Cohen, 1976) is the problem of unrealistic attitudes -- under- or overestimation of academic and career-related abilities. And it has generally been observed that the lack of realism tends toward the direction of overestimation rather than underestimation. In discussing certain of her counselees who have aspired to occupations clearly beyond their functional abilities, Strunk asserts that in most cases it has been strong feelings of inadequacy that have given rise to grandiose thinking. Her students are shown, in terms of academic performance, test results, and practical everyday situations, how the goal they have selected is unrealistic. Comparisons may be made, for example, between the student's own reading and math scores and those necessary for entry into a postsecondary institution. Strunk emphasizes that while the illusion is taken away, "it must be replaced with a feeling of self-satisfaction as a total person who can be productive." When the opposite problem exists - that of underestimation - the counselor can employ a similar strategy in showing the student that his/her academic performance, test results, etc. are indicative of certain talents which will enable the student to achieve various academic, career, and personal goals.

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* Social isolation may be imposed by architectural and transportation barriers to persons with mobility impairments -- barriers which may exist despite state and federal legislation mandating their elimination. The authors suggest that counselors may have to assume an advocacy role in their school and community so that students may have freer access to cultural and recreational as well as educational and occupational experiences.

To assist the student in making realistic choices, counselors and educators must assure that the student in fact understands what preparation is necessary for various careers and what the day-to-day activities of these careers are like. The student must have an opportunity to actually test out, in actual or simulated work settings, his/her own skills, limitations and interests. And the opportunity must be provided to analyze reality testing experiences on both objective and feeling levels. These processes, which are valuable not only to students with cerebral palsy, but to all students -- disabled or not -- are discussed in the chapter Career Development and Guidance.

Relative to formulating realistic goals, one must also recognize that skills and limitations of the cerebral palsied person may not remain static. The counselor should therefore consider requesting that cerebral palsied students be evaluated regarding potential to benefit from further physical therapy and occupational therapy. Renewed participation in physical or occupational therapy might well permit the student to expand the pool of realistic academic and career choices.

Using aids, equipment modifications, and procedural adaptations can also expand the disabled person's academic and career options. Any assessment of the feasibility of a future goal should include a thorough investigation of possible devices and techniques that can be used. For further information see the chapters, Educational Planning and Job Placement.

A third major concern which may arise relative to the severely disabled cerebral palsied student concerns the pursuit of postsecondary education. Intellectual ability should not be the sole criteria in adjudicating the appropriateness of a college education for the cerebral palsied student. Other issues which must be explored are: capacity for self-care or availability of persons who can assist the individual with personal management; social maturity; the presence at the postsecondary institution of appropriate accommodations such as support services and architectural accessibility; and health status of the student. Of particular importance is a realistic assessment on the part of the counselor, student, and parents, regarding how the postsecondary education will/will not contribute to the student's self-actualization and future employment. Students who have severe handicaps must explore realistic vocational choices while still in high school. One cannot assume that college counselors will provide effective career guidance to the disabled student. Strunk has remarked:

> *We have found that college personnel are frequently not realistic about our students. Some students, for instance, with extremely limited hand-use have graduated from accounting programs and are unable to find employment because they lack and always will lack the necessary speed.*

(For a further discussion of the above issues, see Educational Planning, pp. 218-225.)

Essential for effective postsecondary advisement, for educational placement in the high school, and for job placement after high school is career guidance based on the identification of the cerebral palsied individual's assets and limitations. Comparisons must be made between the student's cognitive, academic, health, psycholinguistic, psychomotor, sensory, and personal/social assets and limitations and the abilities/qualities necessary for training for and engaging in specific occupations. The reader is referred to the later chapter, Career Development and Guidance, for a discussion of principles, activities, and materials relative to this career guidance process. Suffice it to note here that four areas in particular may influence the career future of cerebral palsied youth. Use of hands and intelligibility of speech are considered to be the two most important areas of physical capacity to be assessed in relation to future employment (Garrett, 1966, p. 608).

Perceptual capacity constitutes the third area, about which Garrett provides the following suggestions:

> *[The counselor] should seek psychological test data which would give insight into such areas of perception and discrimination as: form, color, objects, pictures, likenesses, and differences. Since, in cerebral palsy, evidences of organic brain damage on psychological functioning are usual, the counselor will wish to inventory the abilities and disabilities of his client. The individual with poor ability to visualize objects in space, for example, would not succeed as an architect or engineer. One who has difficulty in discriminating between the shape of objects would fail as an inspector. These are apparent. In counseling with such individuals vocationally, the guidance person would either assist the client in exploring other areas of work, seek to find ways of reengineering or redoing the job so that the client's disability would be reduced to a minimum, or attempt to secure for the client some type of psychological retraining so that the disability would be overcome.* (p. 608)

Finally, certain cerebral palsied individuals may have to cope with one career obstacle not present for most individuals with other types of physical handicaps - prospective employers' response to the individual with an atypical appearance. Some cerebral palsied persons may exhibit facial grimaces, involuntary movements, drooling, or an awkward gait. Prospective employers may fear that the individual's appearance will be disconcerting to co-workers and customers. While one may condemn the value system which gives rise to judging and reacting to an individual on the basis of appearance only, it is nonetheless a reality that atypical appearance may restrict career opportunities. In response to our question regarding this factor, Strunk stated:

> *If a student has an "unappealing appearance" but is in every other way qualified for a career, I would discuss that aspect considered "unappealing," such as an awkward gait so that he is prepared for the reaction and fully aware of difficulties he may encounter in seeking employment. Never would I counsel a student away from a career strictly because of an "unacceptable appearance" as that is an unacceptable reason for non-*

> *employment. I would further counsel the student who felt this was a basis for not being hired to contact the Office for Civil Rights or other such organization, as this is flagrant discrimination.*

Other factors to consider in providing guidance, counseling, and related services to cerebral palsied students are:

- Chronological age is not necessarily a valid guide for comparing the cerebral palsied student with the nondisabled student. Strunk has observed that counselees of normal intelligence may be about two years behind their nondisabled peers both academically and psychosocially. Various factors may account for this variation, including: physical and perceptual developmental lag; overprotectiveness; limited experiences; and extensive time spent in motor therapies in early childhood, which may have necessitated a delay in entering a formal educational program.
- It is erroneous to assume a priori that severity of disability is positively correlated with severity of adjustment problems. The individual who is severely disabled may have few or no adjustment problems; the person whose impairment is mild may have many.
- The client should actively participate in the counseling process. Garrett (1966) has commented that the youth who has had to spend much time in medical treatment and other types of physical restoration processes may be accustomed to having professionals prescribe authoritatively to him/her:

  > *All of this has had its effect on the individual, usually emphasizing his inferiority and lower status position. When, in the counseling process, the individual with cerebral palsy is accepted as an active partner, changes begin to occur in the individual's concept of himself, which is quite different from executing the dicta of a "master." In this way, too, the individual with cerebral palsy begins to accept himself as a responsible agent and achieves a status position which will allow for action and acceptance of disability.* (p. 621)

- If you do not understand what the student with a severe speech problem is saying, ask the student to repeat him/herself, several times if necessary. If you still don't understand, ask the student to say the same thing in different words. The student may also spell out, write, or type what s/he wishes to communicate. The process may require a good deal of patience on the part of both counselor and student, but is essential. Often parents or siblings may have little difficulty understanding the individual's speech and gestures; however it is not wise to use them as "interpreters" in the counseling session. Confidentiality, free expression, and autonomy may be violated.

- Tension, anxiety, and fatigue may exacerbate motor and speech problems. The counselor should make sure that the student feels at ease before being tested. Shorter testing and counseling sessions, and time necessary for the assessment of skills may prolong the process of counseling with some severely disabled students. As Garrett (p. 622) points out, the sense of "time rushing by" can create "a feeling of lack of accomplishment." The counselor may attempt to compensate by increased use of highly directive counseling techniques. While directive counseling may be appropriate in certain situations, counselors should not sacrifice those long term goals which may be achieved via other, more time-consuming counseling techniques.
- Participation of the following may be necessary to help ameliorate disability-related problems: speech therapist, audiologist, occupational therapist, physical therapist, physician, sheltered workshop, vocational rehabilitation counselor, psychologist, parents, special educator, vocational evaluation center, and rehabilitation center.

Fortunately there are numerous Cerebral Palsy Associations throughout the United States that may assist the counselor and student by providing information, referral, and direct services. The State Resource Section of this manual identifies associations in most states. The counselor may contact the listed association or consult the telephone directory in order to identify an affiliate serving the student's area. Both United Cerebral Palsy Associations, Inc. and National Easter Seal Society for Crippled Children and Adults (see National Resource Section) disseminate materials that will be helpful to school personnel, parents, and youth with cerebral palsy. Useful materials from other sources include:

Evelyn West Ayrault, Helping the handicapped teenager mature. Of benefit to counselors, teenagers, and their families.

William M. Cruickshank (Ed.), Cerebral palsy: A developmental disability (Third Revised Edition, 1976). A comprehensive and lengthy text covering a number of areas, including: medical aspects, evaluation of intelligence, personality and behavior characteristics, the development of communication skills, occupational therapy, educational planning, family process, social work, vocational guidance and employment, and collaborative approaches to professional intervention. The second edition of this text (1966) provides somewhat similar coverage.

TRAUMATIC SPINAL CORD INJURIES

Traumatic injuries to the spinal cord are most frequently incurred in automobile, work, and sports accidents. The extent of the resulting paralysis is dependent upon the site at which the spinal cord is injured and the severity of the damage. Damage to the spinal cord in the neck area will result in a loss of feeling and voluntary movement in the parts of the body below the injury. Damage of the cord in the area of the upper back will cause paralysis of the legs; only partial feeling in the upper torso and arms will remain. Partial or total paralysis of all four extremities is termed quadriplegia. Injury to the spinal cord in the lower back will result in loss of movement and feeling in the lower part of the body and the lower extremities, a condition referred to as paraplegia. In neither traumatic paraplegia nor quadriplegia is there a loss of intellectual functioning. Although much research is now being conducted in the area of spinal cord regeneration, at this time there is no way of repairing damage to the spinal cord.

A severe adventitious disability such as traumatic spinal cord injury will require massive adjustments on the part of the individual, the most crucial of which is to "reformulate a self that approves of continuing to be, despite important discontinuities with its past identity" (Siller, 1969, p. 74). One may envision spinal cord injury as the abrupt uprooting of the self concept one has had up to the time of injury. How a vigorous young man has seen himself and his place in the world, how he has interacted with others, and how others have responded to him seem no longer real to him in light of the new situation into which he is cast. He is, for a time, relegated to extreme dependency. Not unlike an infant, he cannot walk, cannot control bowel and bladder, and must rely upon the constant care of others. The sense of identity that has evolved over many years may be shattered.

How an individual responds to such upheaval is based largely on his/her pre-traumatic personality (Trieschmann, 1974). An individual who was maladjusted prior to the injury is likely to have extreme or even insurmountable difficulty in adjusting to his/her disabled condition. A well adjusted person who had good coping mechanisms prior to the disability is likely to draw upon these in accepting the reality of his/her disability, in making realistic plans for the future, and in reinvolving him/herself in the work and play of living.

While the individual's pre-traumatic personality will to a large extent dictate the individual's long term response, a number of studies indicate that typical reactions to the crisis of a spinal cord injury do exist. Many persons initially react with disbelief. Felton et al (1974) state that the individual may "retreat behind a denial of his injury and of its permanent implications" (p. 6). Siller (1969) has observed that the individual at first may be completely unable to understand what the disability means in his/her life. Anger, anxiety, depression, and grief are likely to ensue. Many rehabilitation professionals see the mourning reaction as a necessary process for severing the attachment to one's past image of oneself so one can then recrystallize a new self image. The work of mourning may extend over a long period of time:

> *The ties to the lost part or function are represented by hundreds of separate memories; for each of these memories, the dissolution of the tie is carried through separately, and this is what Freud meant by the concept of the "work of mourning." Working through the myriad of meanings that a part or function has for the person cannot be hurried, nor should it be, for the reaction of grief is adaptive in that it prevents the complete breakdown of the ego.* (Siller, 1969, p. 70)

External factors will also affect the individual's reaction and adjustment to the loss. Psychological and social rehabilitation is crucial during the months the individual is in the hospital and rehabilitation center. Psychological rehabilitation should not be limited to the individual and group counseling process; the goal of restoring dignity and self esteem must be integrated into all services provided by the treatment team -- physicians, nurses, occupational therapist, physical therapist, and vocational rehabilitation counselor. Services to enhance adjustment may also be necessary for the family, for they too must adjust to the disability and their reactions will affect the course of the spinal cord injured person's rehabilitation. Overprotectiveness may accentuate the individual's dependent status, thus possibly damaging self esteem and reducing motivation. Denial can interfere with the family's understanding of the major adjustments the individual must undergo and can preclude realistic planning for the future.

Psychosocial rehabilitation is not divorced from physical rehabilitation. Physical and occupational therapy and the prescription of assistive devices will result in optimal functional independence for the individual only if s/he is psychologically ready and willing to work toward the goals of independence. Conversely, the functional independence one can gain through physical rehabilitation services can enhance psychological adjustment.

It is not the responsibility of the counselor to provide the intensive therapeutic services that most persons will need in order to cope with the monumental impact of a severe adventitious disability. The counselor can nevertheless contribute to the student's rehabilitation by gearing counseling and guidance activities to the promotion of a self image predicated on worth. In the next chapter, Personal Adjustment, we discuss some methods for so gearing counseling and guidance services.

The ability to assist the student in the difficult process of readjustment is in large part dependent on the counselor's believing in, and operating from, a "coping" orientation. The coping orientation stresses what the person can do, considers the disabled person as playing an active role in molding his/her life constructively, and views the fact of disability as nondevaluating. Operating from the "coping" orientation may be difficult for some counselors when confronted with a student who has become severely disabled. Counselors may have to examine their own personal feelings about as catastrophic a disability as spinal cord injury. As Karen Jasper, a counselor who has worked with spinal cord injured individuals, has pointed out:

> *It is with ironic reversal, I think, that it becomes we who are overwhelmed by...a spinal cord*

> *injury.... Because the obstacles appear so overwhelming, we [may] translate a message of hopelessness to a person who perhaps, with support and help, could become "properly" rehabilitated.*
> (1975, p. 24)

Assisting the young person in the process of adjustment will also call for the counselor's understanding of the varied and changing emotions the spinal cord injured young person has experienced and will experience. A discussion of complex issues involved in coping with a severe adventitious disability such as spinal cord injury is beyond the scope of this manual. For an introduction to these issues, we recommend the following materials:

Karen Jasper, Spinal cord injury: Its realities and psychological processes. Sensitively written discussion of "the physical and emotional realities of becoming a spinal cord injured person."

Rehabilitation of the spinal cord injured: Selected readings. Focuses on psychosocial and vocational rehabilitation. Also addresses medical aspects of paraplegia and quadriplegia.

Jerome Siller, Psychological situation of the disabled with spinal cord injuries. In Rehabilitation Literature and reprinted in Rehabilitation of the spinal cord injured. Excellent overview of: anxiety, depression, denial, and grief reactions; patterns of adjustment; effects of the attitudes of service providers on the adjustment process; and the role of rehabilitation services in restoring self image.

Counselors should also be aware of outside sources of services for the student. Spinal cord injury units in some Veterans Administration hospitals and community hospitals may offer individual and group counseling or may know where such opportunities are available. State Vocational Rehabilitation Agencies (some of which have a special office for the severely disabled or spinal cord injured individual) may be another source of services or information. A number of chapters of the National Paraplegia Foundation, located throughout the country, can offer assistance by:

- Arranging for individual paraplegics to help other paraplegics on a person-to-person basis as appropriate.
- Helping through personal contact to motivate paraplegics to set and meet high but realistic goals in such areas as employment, education, transportation, adaptation to home and wheelchair living, etc.

- Providing information about self-help devices, equipment, personal care and other matters of special interest to paraplegics.*

As the counselor will discover if s/he contacts individuals from the local chapter of the National Paraplegia Foundation or other persons who are paraplegic or quadriplegic, it is possible to recover from the psychological and physical trauma of spinal cord injury. Readjustment does require expert medical treatment, occupational therapy, physical therapy, vocational and psychological rehabilitation, as well as an accepting (both in terms of attitudes and architectural accessibility) home and community environment. Having benefited from these, all paraplegics and many quadriplegics can achieve independence in self care, drive a car, enter various careers, engage in sports or other recreational activities, and pursue secondary and postsecondary education. Satisfying friendships, marriage, and sexual relationships are possible. Counselors can, in ways discussed throughout this manual, help the spinal cord injured young person understand that these are, in fact, viable goals.

EPILEPSY

Epilepsy is not a disease, but is rather a symptom of an intermittent imbalance of electrical activity of the brain characterized by recurring seizures. The seizure is a function of overactivity in a group of brain cells or hypersensitivity of neurons, causing a temporary alteration of the person's conscious state and a loss of muscular control. When the seizure is over, normal activity of the brain cells is restored. Through use of anticonvulsant medication seizures can be controlled (eliminated) either completely or partially in approximately 80% of persons with epilepsy. Adequate amounts of rest, physical activity, and abstinence from alcohol will also contribute to seizure control.

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* It should be noted that the National Paraplegia Foundation chapters also serve quadriplegic persons.

Innovative techniques to assist in seizure control are now being investigated. Experimentation with biofeedback (a process by which an individual can learn to self-regulate certain aspects of bodily processes) has so far yielded positive results in reducing the length and occurrence of seizures. Feldman and Paul (1976) have studied the role of emotional factors in precipitating seizures in persons with epilepsy. By having the subject listen to a series of tapes depicting emotionally charged situations, the researchers have been able to identify the tape, and thus the type of emotional situation, that triggered a seizure. Treatment consisted of having the individual 1) watch videotapes of him/herself and 2) discuss with his/her family and a therapist the types of situations that could precipitate seizures and the emotional responses to be avoided. A reduction in the frequency of seizures resulted. Both of these techniques of seizure control are still in experimental stages.

Recent research studies suggest that epilepsy in itself is not as major a handicapping factor in school, work, and peer relations as was previously thought. When epilepsy is associated with other disorders (such as abnormalities in motor function, learning disabilities, or mental retardation), adjustment difficulties are more common (Rodin, Shapiro, & Lennox, 1977; Goldin, Perry, Margolin, Stotsky, & Foster, 1971). However, as we shall discuss, the individual may still encounter adjustment difficulties, even if s/he has unimpaired motor, perceptual, and intellectual* functioning.

Adjustment difficulties may arise because the overt manifestations of the disability -- seizures -- are neither constant nor predictable. Goldin and Margolin (1975) have discussed this factor as follows:

> *The person who suffers from an orthopedic-neuromuscular handicap, incapacitating disease, or audiovisual-speech-communication disorder has a constant opportunity to develop adaptive reactions to his disability, as do others in his environment -- not so for the person with epilepsy who is functioning normally one minute and may be plunged into a disruptive behavioral sequence the next minute. The person who suffers from convulsive seizures lives under the threat of a physical and*

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* Eighty-five per cent of persons with epilepsy are of average or above average intelligence.

> *psychosocial "sword of Damocles"....The time, place, and social circumstances in which the seizure will take place are unknown. Hence the epileptic person's goal direction and life-space functioning are cloaked in some degree of ambiguity and anxiety, the latter depending on his personality.* (p. 67)

The individual who is not seizure-free must deal not only with the threat of loss of control, but also with the potential negative response of other persons who witness the seizures. To those who are unfamiliar with epilepsy, certain types of seizures may appear bizarre and frightening, which may in large part account for the enormous stigmatization historically associated with epilepsy. Although public information programs have reduced the mythology surrounding epilepsy, it remains a grossly misunderstood condition. Social ostracism and employment discrimination are all too familiar to persons with epilepsy. Fear of pejorative attitudes and practices may prompt even those individuals whose seizures are completely controlled to avoid disclosing the existence of epilepsy.

Conflict over disclosing the fact of one's epilepsy may be a problem troubling some adolescents (Kleck, 1968; Goldin et al, 1971). There is nothing mandatory about disclosure, if the condition has no bearing on a relationship or on safety factors of a situation. Disclosure does become a problem-laden issue, however, when it is shame or extreme anxiety which prevents disclosure; secrecy can lead to social isolation, and possibly expose the individual to a physically dangerous situation. When shame and anxiety exist, the young person will require counseling and guidance geared toward helping him/her to: 1) accept the disability as nondevaluating, 2) gradually risk disclosure to others, and 3) cope with the negative reactions of others which may arise. Kleck's study (1968) of fear of exposure and secrecy among persons with epilepsy indicated that the "sense of stigmatization began to break down when the person risked exposure and discovered that the reactions of others were not strongly negative" (p. 17). So that disclosure to others can initially have a therapeutic effect, these "others" should be discriminantly chosen.

To encourage acceptance of the student with epilepsy and to ensure his/her safety, the high school should consider instituting an information/sensitization program for teachers and students. Local chapters of the Epilepsy Foundation of American sponsor the School Alert Program, which focuses on understanding and accepting the student with epilepsy and dealing with the occurrence of a seizure. (See Figure 2 for information on various types of seizures and appropriate "first aid".) Teachers should also be given information about the individual student: the type of seizures s/he has, how to deal with the seizure, safety factors to be considered, the type of medication taken, and its possible side effects. We wish to stress the importance of working with the epileptic student when a "public sensitization" program is to be instituted or individual information is to be given to school personnel, for the student may have fears of being "singled out" because of his/her epilepsy.

Other adjustment problems the adolescent with epilepsy may face are similar in nature to the problems we have mentioned throughout this chapter. A desire to "fit in" with peers or a misguided attempt to exert independence may lead the young person to neglect the treatment regime so necessary for controlling seizures. The teenager may consume excessive amounts of alcohol with friends, lose sleep, ignore medication, or become involved in situations that would prove physically dangerous were a seizure to occur. When such behaviors are consistently evidenced, individual or group counseling is in order. The local chapter of the Epilepsy Foundation or a seizure clinic in a hospital may be able to refer the student to an appropriate source of counseling services.

One service particularly vital for all students with epilepsy is vocational guidance. In making career decisions, the student (and his/her counselor) should consider the following disability-related factors:

- To what extent are seizures controlled?
- If seizures are not completely controlled, when do they occur? (Some individuals have seizures only while sleeping or soon after awakening. This pattern of seizure occurrence would not interfere with the daily job routine.)
- What type of seizures does the individual have?
- How does the person act following a seizure? Some persons can immediately resume activity. Others may require a period of rest or may be confused and have to be supervised in order to prevent an unsafe situation.

(Continued on p. 64)

FIGURE 2

SEIZURE TYPES AND FIRST AID*

GRAND MAL

Characterized by a loss of consciousness, followed by muscle rigidity, especially in the limbs, flailing or jerking of limbs after which the entire body becomes limp. Often accompanied by salivation and a loss of bladder and/or bowel control. Upon regaining consciousness, the person may be headachy, tired, and somewhat uncoordinated.

An "aura" such as an unexplained fear, unpleasant odors, odd sounds, nausea, etc. acts as a warning to some persons of an impending seizure. Approximately one half of the persons with epilepsy experience an aura.

First Aid:

- Do not try to restrain the individual's movements or place anything between his teeth. Do not give him anything to drink as he may strangle.
- Try to prevent the person from striking his head or body against any hard, sharp or hot object by moving such objects out of the way, and placing a pillow under his head.
- When convulsive movements have ceased, turn the body and head to one side. This will assure unobstructed breathing. Do not be frightened if the person having a seizure appears not to be breathing momentarily.
- Do not try to revive the individual. Let the convulsion run its course.
- Carefully observe the details of the seizure for a subsequent report to a medical person. Such information as onset, presence of fever, duration of seizure, seizure activity, etc. may be important.
- When the person recovers consciousness, he may be incoherent or very sleepy. He should have the opportunity to rest.
- Should a grand mal seizure last more than 10 minutes or should a person begin having a series of seizures (see status epilepticus, below), emergency attention is vital.

PETIT MAL

Characterized by a loss of awareness, absence, blank stares or flickering of the eyes. Petit mal seizures may occur as often as 300 times a day, usually lasting only several seconds each. After a seizure, the person resumes normal activity, often unaware that the seizure has occurred.

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* From Guide to the epilepsies. Tallahassee, Florida: Florida Epilepsy Foundation and Vocational Rehabilitation Program Office, n.d.

FIGURE 2 -- *Continued*

PETIT MAL -- *Continued*

Teachers and employers often mistake the petit mal seizure for day-dreaming. They should be made aware of the possibilities of a seizure disorder and be encouraged to report the behavior to the school or industrial nurse for follow-up.

First Aid:

- Know that no emergency medical attention is generally required.
- Chart the time and give a detailed description of seizure.
- Give information to the person's doctor.

PSYCHOMOTOR SEIZURES

Characterized by altered states of mind and motor movements of the body and a total loss of awareness. Thus while the person may look like he is awake and knowledgeable, it is important to know that his conscious state is not functioning. The person may talk gibberish, move quickly or rhythmically but inappropriately. Psychomotor seizures can last from several seconds to 15 minutes, and in some cases may last several hours/days.

Teachers and employers often mistake psychomotor seizures for misbehavior. Teachers and employers should be advised of the person's seizure pattern.

First Aid:

- Do not restrain the person's movements however inappropriate.
- Speak softly, repeating the same message when possible.
- If he wanders, have someone follow him to insure his safety.
- Record the details of the seizure.
- Know that no emergency medical attention is generally required.

STATUS EPILEPTICUS

Although no medical attention is generally required when a person has a seizure, there is a state of seizure activity that requires immediate emergency attention. This is called status epilepticus. Status epilepticus is characterized by one seizure leading into another seizure...into another seizure...etc., until the person appears to be in a fixed seizure state.

First Aid:

- Call for medical attention if the person convulses for longer than 10 minutes.
- Record length of one seizure before it goes into another.
- Be prepared to give explicit details to medical personnel.

- Are there any licensure restrictions regarding a particular occupation?
- Do tension and anxiety precipitate seizures?
- Are any particular physical work conditions to be avoided, such as poor ventilation, temperature extremes and changes, or loud noise?
- What side effects, if any, does the anticonvulsant medication produce? Possible side effects of various medications include drowsiness, loss of muscle coordination, sensitivity to light, and nausea.
- Is the individual eligible for a driver's license in the state(s) in which s/he wishes to work? (Most states do not license drivers until they have been seizure free for two years.)

Career guidance does not end with the identification of career options that are in keeping with interests, skills, and safety and health considerations. Students must also acquire knowledge of federal legislation regarding employment (see Job Placement, pp. 361-364) and learn job-seeking skills, including those necessary for dealing with possible employer resistance to hiring a person with epilepsy. Employer discrimination has yet to be expunged despite the excellent efforts of organizations such as the Epilepsy Foundation and the President's Committee on the Employment of the Handicapped. Students should be prepared to present prospective employers with factual information to combat misconceptions regarding safety hazards, industrial accident rates, insurance premiums, absenteeism, etc. (Resources supplying such factual information are cited below.)

As is discussed in the later chapter, Career Development and Guidance, pp. 256-258, students can participate in role play activities to practice the skills of firmly but politely correcting employer misconceptions. The question of whether or not to inform a prospective employer of one's epilepsy should also be addressed. The individual must ultimately decide this question for him/herself, but the counselor or job placement coordinator can help him/her to weigh the various factors involved. An early study (Forrest, 1961) indicates that individuals who disclosed the fact of their epilepsy found it more difficult to obtain jobs than did persons who did not inform prospective employers. However those who did not disclose had more seizures at work and were fired when a seizure occurred;

some felt that anxiety about being discovered in part precipitated the seizure at work. Individuals who revealed their disorder prior to hiring were less likely to be fired when a seizure occurred.

The local chapters of the Epilepsy Foundation of American (see State and National Resource Sections) provide services and information regarding employment,[*] medical, and personal-social concerns related to epilepsy. Recommended materials available from the local chapters (and/or from the national office) are:

Books on the epilepsies.

Epilepsy for those who teach. Film.

Medical and social management of the epilepsies.

Pharmacopoeia of the epilepsies.

Recognition and first aid for those with epilepsy.

George N. Wright, Epilepsy rehabilitation. An excellent and comprehensive book covering the following topics: medical considerations, legal aspects, psychosocial issues and evaluation, personal adjustment counseling, vocational counseling, job placement, vocational rehabilitation, and voluntary health programs.

Documents available from other sources are:

An epilepsy medications handbook. Discusses the use of anticonvulsive medication and possible side effects.

Commission for Control of Epilepsy and Its Consequences, Report to the President and Congress of a national action plan for epilepsy. Discusses employment, employability factors that are affected by epilepsy, and counseling needs.

Vocational rehabilitation counselor handbook. Includes the "Work Suitability Scale", a scale which has not yet been validated, but which can be of use in investigating possible career restrictions.

CYSTIC FIBROSIS

Cystic fibrosis is a genetic disorder affecting secretions of certain glands, including mucous glands. Abnormal mucous causes respiratory problems by blocking breathing passages in the lungs. To control the respiratory condition and to prevent pulmonary infection, the individual follows a treatment regime to prevent accumulation of mucous in the lungs. This treatment includes: bronchial drainage, where the individual is positioned at various slanting angles and the chest is clapped and vibrated to clear obstructed airways; inhalation therapy, which involves periodically inhaling medications through a mouthpiece or mask or sleeping in a mist tent at night; and antibiotic medications to control infection. Mucous may also block ducts in the pancreas, causing digestive problems. The digestive disorder is treated with dietary therapy, vitamins, salt tablets, and medication (which does not alter mood or behavior). Depending on the severity of the condition and the individual's response to the above forms of treatment, cystic fibrosis can range from mild to severe in its effects. Life expectancy and tolerance for physical activity will vary considerably from person to person.

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[*] The local office of the State Vocational Rehabilitation Agency may also provide vocational services.

As the individual with cystic fibrosis approaches young adulthood, s/he will be confronting issues common to all adolescents: sexual maturity, independence, peer relationships, and choices regarding the future. However a chronic illness such as cystic fibrosis can intensify concern over these issues. In providing counseling and guidance services, the counselor should be knowledgeable about the following disability-related factors that may have an impact on adolescents with cystic fibrosis:

- Moving toward independence may be complicated by the treatment demands of the condition. From the time of diagnosis in infancy or childhood, parents (usually the mother) must conduct a highly demanding program of home therapy for their child. Fear and anxiety about the child's condition is common, as is guilt about the fact that the disease is inherited from parents (McCrae, 1975). These dynamics perhaps account for the findings reported by Boyle et al (1976) that the young adults studied tended to be overprotected and infantilized by their mothers.
- The individual with cystic fibrosis may also be cast into a certain dependent status in terms of his/her reliance on therapy and medication. Adolescence is a time of independence-dependence struggles for most teenagers. For the teenager with cystic fibrosis (who should be assuming increasing responsibility for his/her treatment regime), strivings for independence could take the form of rejecting the regimentation of therapy, controlled diet, and medication.

- The youngster who is planning to move away from home upon graduation must consider the need for continued management of his/her condition. Self-therapy for bronchial drainage can be performed, but often the assistance of another individual is required. The student and his/her parents should understand that the requirement for assistance need not preclude moving away from home; but the young adult will have to arrange for a roommate, friend, or nurse or therapist from a college infirmary or local hospital to help with drainage. When the individual is planning for a future move, s/he should consult with the physician to make sure that the move is feasible and to obtain a referral to a physician or Cystic Fibrosis Center near the new community.

- Financial dependency may be forced on the young adult with cystic fibrosis. The individual who is 21 or over and only partially disabled or not currently disabled by cystic fibrosis may have difficulty meeting the expenses of treatment even if s/he is working. As is discussed in a Cystic Fibrosis Foundation report on young adults (see below), having to accept public assistance may be profoundly disturbing to the individual who is coping with his/her disability and preparing for or engaging in a career that should, by all rights, allow for economic independence. The social worker or counselor may have to assist the student and his/her parents in investigating sources of health insurance coverage or other types of financial assistance to help avoid future financial crises.

- Another area of concern for the adolescent may be slight stature and delayed development of secondary sexual characteristics. A recent study (Boyle et al, 1976) reported that altered physical appearance was a major source of stress for the adolescents and young adults studied, causing distorted body images, denial of sexuality, and for some, withdrawal from peers. A related problem is that of cosmetic "stigmata" -- such as clubbing of fingers, barrel chest, and chronic coughing -- which may make the individual extremely self-conscious.

- The question of having children will be complicated by the presence of cystic fibrosis. Because it is an inherited disorder, genetic counseling is critically important. The individual's physician or a staff person from a Cystic Fibrosis Center should advise the young adult about the probabilities of offspring having the disorder, as well as about issues relating to fertility and pregnancy.

- The prospect of a shortened life span with recurrent complications may be a source of great anxiety and/or depression. A "what's the use?" attitude may arise regarding career and other future plans (despite the fact that life expectancy has increased in recent years, with more and more young adults pursuing postsecondary education and careers, getting married, and having children). Recognizing the need for supportive services and information to help the adolescent plan for and cope with the future, the Cystic Fibrosis Foundation and its chapters have instituted the Young Adult Program, which provides activities, groups, pamphlets, and a newsletter focusing on the concerns of persons in their teenage years and older (see State and National Resource Sections). Most students, whether or not they are encountering adjustment problems, can benefit from the Young Adult Program. If persistent anxiety and depression stemming from feelings about death are present, the student and his/her parents should be referred to a therapist or religious advisor for counseling.

- Career options will vary considerably from person to person, depending on the severity of his/her condition. Some students may have to avoid careers that:
  - Involve heavy physical labor
  - Are excessively sedentary
  - Necessitate exposure to dust, fumes, and extremes in temperatures
  - Involve full-time work only.

  It should be noted, however, that some persons with cystic fibrosis have been able to work at jobs with these characteristics. It is advisable to confer with the physician when helping students plan careers.
- Limited stamina will prevent some students from attending school full-time. The school should make the following options available: 1) a reduced course load and expanded period of time for high school attendance, 2) part-time attendance at the high school complemented by the use of a home-to-school telephone system, and 3) homebound instruction by tutors and/or via a home-to-school telephone system. The telephone company will provide information about, and set up, this type of system.
- Physical activity within the individual's tolerance can be extremely beneficial from the standpoint of psychosocial development and management of the condition. The physician can advise physical educators on the proper type of programming for the student.

As mentioned previously, local chapters of the Cystic Fibrosis Foundation are excellent sources for direct services, referral services, and information to assist the individual in coping with the above issues. (See State and National Resource Sections.) The Cystic Fibrosis Foundation also operates medical centers throughout the country (a listing is available from the Foundation). Counselors, students, and parents will find the following materials disseminated by the Foundation and its chapters to be extremely helpful:

Educational and vocational counseling for young adults with cystic fibrosis.

Good business...Hire young adults with cystic fibrosis.

How do I get a job? What kind of work should I do?

Living with cystic fibrosis: A guide for the young adult.

Vocational rehabilitation for young adults with cystic fibrosis.

Young adult focus (newsletter).

OTHER PHYSICAL DISABILITIES AND HEALTH CONDITIONS

In addition to serving students with the impairments discussed thus far, counselors and other school personnel will most likely be serving students with other types of physical disabilities and chronic health problems. In this section we shall briefly describe several of these other conditions -- spina bifida and hemophilia -- and identify sources where information and/or services regarding other conditions can be obtained.

Spina bifida

Spina bifida is a congenital birth defect involving a failure of the vertebrae to develop around the spinal cord. The mildest form, spina bifida occulta, rarely causes any difficulty, and often is undetected until X-rays conducted for some other purpose reveal the existence of the condition.

The more serious form is spina bifida manifesta, wherein the spinal cord protrudes from the backbone, usually at the lower end of the spine. Two conditions which fall under this classification are meningocele and the more severe meningomyelocele. Depending on the nature and site of the malformation, the limitations engendered can range anywhere from weakness and reduced sensation in the feet to total lack of sensation and movement below the waist. Some persons will require braces and crutches while others will use a wheelchair all of the time. Alternative modes of bowel and bladder management are likely to be used. Because spina bifida does not affect the upper trunk or upper extremities, the individual is capable of a great deal of independence in daily activities.

The Spina Bifida Association of America chapters throughout the United States are a source of information and direct services (including some "teen" programs) to persons with spina bifida, their families and other interested parties. The National Easter Seal Society for Crippled Children and Adults also disseminates publications on spina bifida. (For further information on both of these organizations, see National and State Resource Sections).

Hemophilia

Hemophilia, which primarily affects males, is a disorder of a clotting mechanism of the blood. Treatment involves intravenous infusion of a clotting factor taken from the blood plasma of healthy donors. The infusion can stop bleeding that is already in progress, or can temporarily prevent the bleeding from starting. This treatment can be given in a doctor's office or at home and some youngsters are taught to perform this procedure themselves.

Contrary to popular belief, the individual does not bleed to death from an ordinary cut or abrasion; however bleeding in a deeper area is prolonged because the blood does not form a clot to plug the torn blood vessel.

The severity of the clotting problem differs among individuals. Persons who are mildly or moderately affected bleed only after a severe injury; those whose disorder is moderately severe rarely hemorrhage spontaneously, but may hemorrhage significantly after a minor trauma. The most severely affected individuals experience spontaneous hemorrhaging: bleeding occurs into joints (usually knees, elbows, ankles, or wrists), muscles, and organs. Such bleeding episodes are usually painful and repeated bleeding into joints can eventually cause a type of arthritis and muscle weakness near the affected joints. The physical therapist prescribes a daily exercise program that will strengthen particular muscles.

Exercise is extremely important and can help protect the joints from severe bleeding. Generally speaking, activities such as violent contact sports and sports involving excessive strain on the knees and ankles (which may cause a bleeding episode) should be avoided. It is essential to note, however, that the student should not be arbitrarily excluded from any activity; if safety factors are in question, school personnel should confer with the student and his physical therapist or physician.

As is the case with any youngster, the emotional growth of the boy with hemophilia is largely a function of his parents' feelings and reactions to him.

> *Faced by a natural concern for his safety, some parents tend to overprotect their hemophilic child and impose unreasonable restrictions on his activities. At one extreme, the overprotection may cause the child to relinquish all responsibility for himself. He may fear all challenges and fail to become increasingly independent. At the other extreme, he may attempt to deny that he has hemophilia and indulge in repeated risk-taking activities.*
>
> *The parents' reactions to stressful situations such as bleeding episodes determine how the child will grow to feel about himself. If the parents become angry, the child will react with feelings of helplessness and sorrow. He may develop guilt feelings about being a burden on the family. If the parents can be matter-of-fact and reassuring to the child, he will grow with positive feelings about his self-worth, and be able to adjust to his illness.* (Bittner, 1974, p. 11)

The local chapters of the National Hemophilia Foundation provide direct and referral services to hemophiliacs and their families and can supply information to counselors serving the young person with this disorder (see National Resource Section). A bibliography of educational literature and films is available from the NHF. Among the materials listed are the following publications which we recommend to counselors and other school personnel:

The hemophilic child in school.

Psychological aspects of hemophilia.

Your child and hemophilia - A manual for parents.

Other conditions

There are a number of physical disabilities and disorders which are not addressed in this chapter but which do have implications relative to guidance, counseling, and support services to be delivered by the high school. Information regarding these disabilities and diseases can be obtained from the organizations identified in the National Resource Section of this manual:

- Amputation - National Amputation Foundation
- Arthritis - Arthritis Foundation
- Cancer - American Cancer Society
- Facial disfigurements - Society for the Rehabilitation of the Facially Disfigured

- Kidney disease - National Kidney Foundation
- Multiple sclerosis - National Multiple Sclerosis Society
- Pulmonary disease and tuberculosis - American Lung Association
- Short stature and dwarfism - Human Growth Foundation.

Counselors will find that many of the issues, procedures, and materials discussed throughout this manual will be relevent to the accommodation of students with these disorders.

SUGGESTED MATERIALS*

American Diabetes Association

Diabetes Forecast. Subscription $5.00/year.

Diabetics are desirable workers. This pamphlet is undergoing revision. Contact ADA for further information.

Facts about diabetes. $ .25 per copy. $20.00 per 100 copies. Single copy free upon request.

What school personnel should know about diabetes. 1-9 copies, $ .25. 10-24 copies, $ .15. 100 copies, $ .07.

What it means to be female and diabetic. By Priscilla White. $ .50 per copy. $22.00 per 100 copies.

Ayrault, Evelyn West. Helping the handicapped teenager mature. New York: Association Press, 1974. $6.95.

Bauman, Mary K. & Yoder, Norman. Adjustment to blindness -- Re-viewed. Springfield, Illinois: Charles C. Thomas, 1966. $7.50.

Berg, Frederick S. & Fletcher, Samuel G. (Eds.). The hard of hearing child: Clinical and educational management. New York: Grune & Stratton, 1970. $12.75.

Commission for Control of Epilepsy and Its Consequences. Report to the President and Congress of a national action plan for epilepsy. Pending publication, July 31, 1977. For information on availability, contact National Institutes of Neurological and Communicative Disorders and Stroke, Public Information Office.

Cruickshank, William M. (Ed.). Cerebral palsy: A developmental disability (3rd Revised Edition). Syracuse, New York: Syracuse University Press, 1976. $24.00. The 1966 edition of this book, Cerebral palsy: Its individual and community problems, is also a helpful resource.

Cystic Fibrosis Foundation. Available from the Foundation and its local chapters. Quantities limited. Free. Order can be filled more quickly through a local chapter.

Educational and vocational counseling for young adults with cystic fibrosis.

Good business...Hire young adults with cystic fibrosis.

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* Addresses for ordering materials may be found in Appendix 1.

Cystic Fibrosis Foundation -- *Continued*

How do I get a job? What kind of work should I do?

Living with cystic fibrosis: A guide for the young adult.

Vocational rehabilitation for young adults with cystic fibrosis.

Young adult focus (newsletter).

Epilepsy Foundation of America. Also available from local chapters.

Books on the epilepsies. $ .10.

Epilepsy for those who teach. Film rental, $5.00.

Medical and social management of the epilepsies. $ .10.

Pharmacopoeia of the epilepsies. $ .10.

Recognition and first aid for those with epilepsy. $ .10.

School Alert Program. Contact local chapter for information.

Wright, George N. (Ed.). *Epilepsy rehabilitation*. Boston: Little, Brown, and Co., 1975. Available from Epilepsy Foundation of America (not from local chapters). $11.00.

An epilepsy medications handbook. San Diego, California: San Diego County Epilepsy Society, Inc., 1976. Free.

Faye, Eleanor E. *The low vision patient: Clinical experiences with adults and children*. New York: Grune & Stratton, 1970.

Hanninen, Kenneth A. *Teaching the visually handicapped*. Columbus, Ohio: Charles E. Merrill Publishing Co., 1975. $12.95.

Interviewing guides for specific disabilities: Diabetes. Washington, D. C.: Manpower Administration, U. S. Employment Service, 1972. Free.

Jasper, Karen. *Spinal cord injury: Its realities and psychosocial processes*. 1975. Available from New England Spinal Cord Injury Foundation. $ .75.

Lowenfeld, Berthold. *The visually handicapped child in school*. New York: The John Day Company, 1973. $16.00.

Mearig, Judith S. Some dynamics of personality development in boys suffering from muscular dystrophy. *Rehabilitation Literature*, 1973, *34*(8), pp. 226-230; 243.

Mindel, Eugene D. & Vernon, McCay. *They grow in silence: The deaf child and his family*. Silver Spring, Maryland: National Association of the Deaf, 1971. $5.45, prepaid.

National Hemophilia Foundation. Single copies free.

The hemophilic child in school. 1975. $6.00 per 100.

Psychological aspects of hemophilia. (By David Agle & Ake Mattson). 1972. $10.00 per 100.

Your child and hemophilia - A manual for parents. (By Enid Bittner). 1975. $25.00 per 100.

Nix, Gary W. (Ed.). *Mainstream education for hearing impaired children and youth*. New York: Grune & Stratton, 1976. $15.00.

Rehabilitation of the spinal cord injured: Selected readings. Hot Springs, Arkansas: Arkansas Rehabilitation Research and Training Center, 1974. Free.

Rousey, Clyde L. Psychological reactions to hearing loss. *Journal of Speech and Hearing Disorders*, 1971, *36*(3), 382-389.

Rusalem, Herbert. *Coping with the unseen environment: An introduction to the vocational rehabilitation of blind persons*. New York: Teachers College Press, 1972. $11.50.

Schein, Andrea. Counseling issues in Retinitis Pigmentosa. *American Archives of Rehabilitation Therapy*, 1976, *24*(Spring), 9-14. Reprints available from the author, c/o Resource & Counseling Center for Handicapped Students, University of Massachusetts/Boston. Free.

Schock, Nancy. *The child with muscular dystrophy in school*. Boston: Massachusetts Teachers Association, 1976. Free. Limited supply.

76/77 catalog of publications. New York: American Foundation for the Blind. Free.

Siller, Jerome. Psychological situation of the disabled with spinal cord injuries. *Rehabilitation Literature*, 1969, *30*(10), 290-296. Also reprinted in *Rehabilitation of the spinal cord injured: Selected readings*. Hot Springs, Arkansas: Arkansas Rehabilitation Research & Training Center, 1974. Free.

Sussman, Allen E. & Stewart, Larry G. (Eds.). *Counseling with deaf people*. New York: Deafness Research and Training Center, New York University School of Education, 1971. Available from National Association of the Deaf. Order Number NY001. $3.45.

Vocational rehabilitation counselor handbook. San Diego, California: San Diego County Epilepsy Society, Inc. Pending publication, June 1977. Free.

CHAPTER 2

COORDINATING THE DELIVERY OF SERVICES

Physically disabled high school students constitute an extremely heterogeneous group. The nature and severity of their disabilities and their special educational and psychosocial needs vary widely. Some students may require few or no classroom adjustments and their guidance and counseling needs may be virtually identical to those of their non-disabled peers. Architectural accessibility to the building and in classes and laboratories may be the primary requirement of others. Still others may require a broad spectrum of specialized guidance, counseling, instructional, and support services.

Attendance patterns for disabled students will also vary widely. Some physically disabled students do attend their neighborhood schools and a single high school may have a few disabled students representative of various types of disabilities and various levels of severity. Other students, especially those who are more severely disabled, may be bused to a centralized attendance center, which may be a special high school for individuals with a certain disability (e.g., a day school for the hearing impaired) or a regular high school having specialized architectural accommodations and/or instructional and support services. In view of the heterogeneity of school attendance patterns and student needs, no single organizational arrangement can be cited as optimal for providing comprehensive guidance, counseling, placement and other adjustment-related services to physically disabled students.

Students may receive services from one or more different sources, including: the staff of the school; specialists (e.g., orientation and mobility specialist, occupational therapist, psychologist) employed by the school district or multi-district cooperative; community service agencies; clinics; and/or state agencies such as the State Vocational Rehabilitation Agency. Students who have numerous special needs will likely require services from a number of personnel - both from the school staff and from outside agencies.

Such a team approach to service delivery can be highly effective, but there must be *one* individual in the school who assumes ultimate responsibility for planning and coordinating the delivery of the various services to each physically disabled student. The guidance, counseling, placement, recreation, assessment, and other support services discussed throughout this manual are all interdependent in terms of their effect on the student's development. Personal counseling will have an impact on career choice, academic achievement, work adjustment, and peer and familial relationships. Instructional support services will improve the student's achievement in academic and vocational classes and laboratories, which in turn may improve his/her self concept. Appropriate psychometric and situational assessments help to predict academic and career goals that will be satisfying to the student, and may help the student avoid unnecessary frustration. The acquisition of recreational skills and interests may contribute to an improved self image, more satisfactory peer relationships, and possibly to career skills and interests. Medical treatment, physical and occupational therapy, and speech and hearing therapy can increase the efficacy of the other services that are provided and improve the student's capacities. The effectiveness of one type of service will be mitigated by the presence or absence of other types of services. The prescription of services and programs must be based on the totality of the student's needs and the way that various services will interact to meet those needs. If no one coordinates services based on that totality, the services that are provided may be of less than optimal benefit to the student, may be conflicting, and/or may be duplicated.

The regular guidance counselor will not always have the responsibility for coordinating the delivery of services. Schools having a number of physically disabled students may employ a staff person to perform this function. Or as is traditional in many schools, the coordinating of services for physically disabled students may be the province of the special education department. While such an arrangement can be effective, it too often results in the mentally-able physically disabled student receiving services designed for the *mentally* handicapped students. In some schools, the coordination responsibility is shared between the regular guidance department and the special education department. Again, this arrangement can work, but often may not: when accountability is fragmented between several departments or individuals, the student may "fall between the cracks", receiving fragmented services or no services at all.

As ombudsman for the student, the counselor will be responsible for seeing to it that someone assumes the role of coordinator of services for the client. If no one is assigned the responsibility, or if the role has been assigned but is not being adequately performed, then the counselor should serve as coordinator. The counselor is actually in an excellent position to fill this role for his/her physically disabled client. The counselor's role vis-à-vis all students typically involves assessing student's strengths and needs, prescribing and arranging for certain services, monitoring the student's progress, restructuring the student's program when necessary, and working with parents. The role of coordinator for the physically disabled student subsumes identical functions. Provided that the counselor has had relevant preservice training or intensive inservice training (see pp. 95-98 of this chapter), that the counselor has sufficient released time for his/her new responsibilities, and that there is expert consultation available, then the counselor is an appropriate staff person to serve as coordinator for his/her physically disabled client.

This chapter discusses strategies for administrators and counselors to use in planning and coordinating the services discussed throughout this manual. Also discussed are recommendations for inservice training to prepare the guidance worker to assume the roles of coordinator as well as direct service provider.

STRATEGIES FOR PLANNING, COORDINATING, AND DELIVERING SERVICES

While one staff person should assume primary responsibility as coordinator/ombudsman for each student, coordination, planning, and service delivery will entail a system-wide cooperative effort involving, at various points:

- Directors and staff of the high school's guidance and special education departments
- The student and his/her parents or guardian(s), directors and staff of guidance and special education departments at the district level
- Health services personnel such as speech therapist, nurse, and physician
- Educational placement team personnel
- Itinerant specialists serving visually, hearing, and orthopedically impaired students
- Academic and vocational department heads and instructors
- The school superintendent
- The school committee (school board).

Participants from agencies outside the local education agency (LEA) should include:

- Representatives of community agencies of and for the disabled
- Administrators and staff from residential schools for the disabled
- Local and state representatives of the state Vocational Rehabilitation (VR) Agency
- Regional and state level educational personnel (specialists in programs and services for the physically disabled)
- Guidance and special education departments from other LEA's with whom collaborative arrangements might be made.

The guidance and special education staffs should be the prime movers in the process of planning guidance, counseling, and support services. They should initiate planning by meeting with parent and student representatives, and with consultants on services for the physically disabled. The following tasks should be performed in the early planning stages:

- Indicate a definite philosophy of education of the handicapped in making local policies.
- Survey local resources, including clinics; health, social, and vocational rehabilitation agencies; fraternal and religious organizations; physicians; dentists; psychologists; counselors; nurses; and speech therapists.
- Determine the availability of special services, such as arrangements for physical plant, cafeteria, equipment, and transportation.

- Determine the availability of special instructional materials, such as aids to teachers, equipment, and curriculum syllabuses.
- Consider the availability of personnel experienced in the care and education of handicapped children, as well as local, state and federal opportunities for professional development.
- Plan at periodic intervals an evaluation of the special programs and services with pupils, staff, parents, and community, for the purpose of considering the needs, services, and programs offered. Remember that effectiveness will be demonstrated by the degree to which the handicapped person becomes self-sufficient in society.

We would like to emphasize at this point that those schools which have had little previous experience in mainstreaming physically disabled students may require a lengthy period of development time before they can adequately serve severely handicapped students. Advocating for needed funds and services, exploring the network of resources in the community and in adjacent communities, and arranging collaborative agreements with other resource providers may be a highly political, arduous, and slow process. Even if severely handicapped students are not currently attending the school, the high school cannot waive its responsibility for immediate action in planning for students who may be needing services in the future. Most schools have at least a few mildly handicapped students in attendance who could benefit from services -- and state and federal legislation require that public high schools accommodate more physically disabled students with a wider range of needs. Planning will thus require identification of the needs of physically disabled students who currently attend the high school, of students who will be attending in the coming academic year, as well as projections of the needs of students who may be attending in future years.

Identification

Under the proposed rules for implementing P.L. 94-142 (Section 121a.100) the local educational agency is responsible for insuring that all handicapped children within its jurisdiction are identified, located, and evaluated. This applies to children in all public and private agencies and institutions within that local educational agency's jurisdiction. Each state is responsible for drawing up an annual plan describing the policies and procedures to insure that all handicapped children (regardless of severity of disability) who need special education and related services are identified, located, and evaluated. Local educational agencies should contact their state department of education for information on identification policies and procedures, as well as confidentiality provisions, to be carried out. This identification process and the evaluation process for developing the individual educational program for each student (see Educational Planning pp. 163-177) will provide data upon which service planning can be based.

An additional identification procedure may be necessary for planning purposes. In those school systems accommodating a number of physically disabled students, the guidance and special education departments should identify students enrolled in the high school(s), the type and severity of their disabilities, and the courses in which they are enrolled. The enrollment data may indicate that students with certain disabilities are greatly underrepresented in certain courses (occupational courses, academic courses, science laboratories, etc.). The guidance department, together with school administrators and special education personnel should then implement procedures to alleviate the causes for such underrepresentation, which may include:

- Inflexible academic and/or scheduling requirements
- Classrooms/laboratories inaccessible to mobility impaired students
- Lack of modified equipment/curriculum materials
- Lack of supportive staff to assist regular instructional staff
- Excessive class size which makes additional enrollment impractical
- Hesitancy of instructional staff to accept disabled enrollees
- No available time slot in vocational/science laboratories for special needs sections
- Lack of qualified personnel to teach special needs section

Collaboration

The planning and delivery of services to severely physically disabled students will require collaboration not only among various departments within the school, but also among the school and other agencies, organizations, educational facilities, and service providers. The following sites and personnel are likely to be involved.

Elementary level schools in the LEA: Articulation between elementary level schools (both special facilities and regular) and secondary ones will greatly increase the effectiveness of guidance and other support services at both levels. Two types of articulation are necessary. The secondary level counselor should contact the student's previous counselor and teachers for information of the student's elementary level performance and adjustment and obtain recommendations for needed services. In addition, school planners at both levels should collaborate to assure continuity of both instruction and guidance. For example, instruction in braille in the elementary level will permit the student to enroll in high school courses where notetaking and research are necessary, will facilitate his/her performance in courses requiring computation skills, and will prepare the academically-talented student to concentrate on learning Grade III Standard English Braille in the latter part of his/her high school years. Similarly, appropriate personal adjustment intervention early in the student's life can facilitate the student's later adjustment, thus minimizing the need for personal adjustment services on the secondary level.

LEA guidance, special education and medical personnel: Not to be overlooked as a resource for planning and delivery of services are guidance, special education, and medical-related personnel to be found even in many smaller school districts both on an administrative level and within the schools. These personnel may include:

- Special education director and/or supervisor of services for the physically disabled
- Teacher of the visually, hearing, or orthopedically/health impaired at the elementary and/or secondary level
- School physician, school nurse, occupational/physical therapist
- Speech therapist
- Work experience coordinator-teacher for the handicapped
- School psychologist

- Vocational counselor
- Job placement coordinator
- Social worker

It should be noted that specially organized work experience programs are to be found in many school systems. Coordinator-teachers of these programs typically have experience and training in one or more areas of exceptionality and can serve as valuable resources to counselors serving physically disabled students.

Multi-district cooperative: An option which all local education agencies should consider is a cooperative educational arrangement, one function of which is to provide diagnostic, guidance, and counseling services. When there is insufficient expertise at the local level to serve physically disabled students and/or when there are too few students with similar needs to justify the expense of specialized personnel and programs, a cooperative arrangement is an excellent strategy to employ. Services may be arranged according to existing educational service regions, boards of cooperative educational services, intermediate school districts, special education districts, and/or low incidence handicap regional districts. Or neighboring communities may create their own cooperative. The following components should be considered:

- Specialized counselors for visually, hearing, orthopedically, and health impaired students are employed on a full or part-time basis. These counselors commute to individual schools for group and individual counseling on a regularly scheduled basis and in addition serve as resource persons to the local guidance counselors. Under such an arrangement mobile units can be used to house guidance supplies and if need be, to serve as office space for private or small group counseling sessions.
- Specialized personnel from these administrative units (e.g., psychologist, nurse, speech therapist, occupational/physical therapist, mobility and orientation specialist) serve on an itinerant basis.
- Clinical diagnoses and educational-vocational assessment is conducted at one facility designated as a diagnostic center. Such evaluation can be provided in a special summer program or during the school year.

Collaboration with community service organizations: Collaboration with community service organizations may take the form either of formal interagency agreements between the school system and the agency or of less formal use of services on an as-needed basis. The initiative for organizing formal interagency agreements may rest with the guidance and special education departments, which may suggest such an arrangement to school administrators and the school committee (school board).

Whether the collaboration is to be formal or informal, it is essential that in the early stages of planning guidance and special education personnel identify local community services available for physically disabled persons. The agencies and directories listed in the State Resource Section of this manual will assist personnel in this identification process. (It should be noted that not all local or state-wide agencies are identified in the resource section; the ones listed, however, will most likely be able to identify additional service agencies.) It is recommended that this identification process be a joint effort among all high schools in the local educational agency. Agencies providing services for the disabled and their families may include:

- Department of Children and Family Services
- Mental health clinics (in metropolitan areas these may have personnel who are specialists in one or more areas of exceptionality)
- Local chapter of an agency of or for the handicapped (e.g., Registry of Interpreters for the Deaf, United Cerebral Palsy, associations of persons with spinal cord injuries)
- Service organizations (Rotary, Lions, Kiwanis, etc.)
- Local branch of state employment service (a job placement specialist for the handicapped is typically included on the staff)
- Rehabilitation facility (Goodwill Industries, Lighthouse for the Blind, Jewish Employment and Vocational Service, etc.)
- Special education or vocational rehabilitation specialists at a nearby college or university
- Special counselors for the disabled at a nearby postsecondary institution
- Neighborhood Youth Corps and similar federal/state programs
- Medical centers and clinics
- Speech and hearing clinics

- Local Vocational Rehabilitation Agency

A booklet describing available services should be compiled and disseminated to the guidance and special education staff, educational department heads, parents, and disabled students. They will be aware of these services when the need for them arises and they may suggest to school planners that formal agreements be arranged for those services that will be needed on a continuing basis.

If utilization of the agencies' services is to be effective, planners, counselors, instructors, students, and parents should meet with agency representatives. The following activities may be planned:

- Field trip sites and resource speakers in conjunction with a career orientation program for ninth and tenth graders. Such an exchange is appropriate for integrated classes as well as for classes or guidance seminars comprised only of the disabled. In integrated classes the inclusion of resource speakers who are themselves physically disabled will serve as role models for the disabled students and as a reminder to the nondisabled that success is not limited to the so-called "normal" individual.

- Inservice session for guidance and instructional personnel in which panel of community agency representatives delineates services available. A similar panel presentation to PTA meetings or specially organized group of parents with disabled children also is recommended. A recommended variation would be to expand the panel to an all-day "agency fair" -- open to teachers, counselors and parents -- with agencies organizing displays, slide shows and other presentations about their services. Ample discussion time should always be scheduled.

- A tour of representative agencies (extended over several sessions) for planners and guidance and instructional personnel. To allow for an in-depth exchange of views and planning, the number of participants should be limited and only one or two agencies should be visited per session.

- Meetings between school planners and agency directors to discuss formulation of needed programs and establish formal cooperative arrangements.

School planners and guidance personnel should also consider initiating a joint community agency/school effort to develop an outreach program to encourage the physically disabled early school-leaver to continue his or her educational/vocational training in a school or community-based program.

Rehabilitation agency services and collaboration: One community agency which may be of particular importance in planning and delivering career-related services for the disabled student is the state Vocational Rehabilitation (VR) Agency. The following are among the services, all related to vocational objectives, which may be available from VR:

- Full evaluation, including medical diagnosis, to learn the nature and degree of disability and to help evaluate the individual's work capacity
- Counseling, guidance and referral services in achieving good vocational adjustment
- Medical, surgical, psychiatric, and hospital care and related therapy to reduce or remove the disability
- Artificial limbs, prosthetic, orthotic, and other services needed to increase physical capacity
- Training, including training for a vocation, pre-vocational and personal adjustment training, and remedial education
- Service in comprehensive or specialized rehabilitation facilities, including sheltered workshops and adjustment centers
- Interpreter services for the deaf and reader services for the blind
- Placement in a job suited to the individual's highest physical and mental capacities
- Post-placement follow-up to see that placement is satisfactory to both employee and employer.

Eligibility for vocational rehabilitation services in each case is based upon: (a) the presence of a physical or mental disability; (b) the existence of a substantial handicap to employment; and (c) a reasonable expectation that vocational rehabilitation services may render the individual fit to engage in a gainful occupation.

High school students may be eligible for VR services. Under the VR program, eligibility is always and solely determined, on an individual basis, by the VR Agency. All of those persons classified as handicapped by the school would not necessarily be defined as such for VR eligibility purposes. Among those found to be technically eligible, the VR Agency will likely have to make priority selections. The first priority, by law, is the more severely disabled individual. Also, the State VR Agency may have a practice of applying a "needs test" to determine the amount of client financial participation in the costs of certain services. In the VR program, it is required that "similar benefits" be explored before expending VR funds. While this does not exclude the possibility of the State VR program participating financially and otherwise with services to in-school handicapped students on a selected and prescribed basis, the policy tends to emphasize that the VR Agency would look to the schools to provide all diagnostic testing and other evaluations *related to the educational program*. VR policy generally, is *not* to duplicate services provided by the local or cooperative agreement educational agency, but rather to supplement these services with rehabilitation services necessary for individual clients. Planners, counselors, and parents should check with their local VR office to ascertain what services VR may provide *while the student is still in high school*.

Although policy varies from state to state, in some states, VR will consider serving a student at approximately age 16, around the time when curriculum choices are made regarding future careers. Thus the student in the 11th or 12th grade would be most likely to be considered eligible for the VR program. Referral to the VR should be made in advance of the time that the student will actively need certain services, so that: the VR Agency can determine eligibility; and the VR counselor can become familiar with the client's needs and collect medical and other diagnostic data.

In addition to being a resource to which the individual client may be referred for services, the VR may also be a resource for cooperative programming. School administrators and guidance personnel should consult their local and/or state level VR office to find out about policies for cooperative agreements and programs with local education agencies.

Formal cooperative agreements between the local educational agency and Vocational Rehabilitation exist in a number of states. These include:

- Appointment of vocational rehabilitation counselors -- jointly funded by the state VR Agency and the local educational agency multi-district cooperative -- who function as high school vocational rehabilitation counselors. These counselors are stationed in or make periodic visits to the schools in the district. They determine the eligibility and feasibility of VR services for the client and subsequently provide rehabilitation services to all eligible students according to the interagency agreement established for the school district being served. Students who may be eligible are those with mental, emotional, and physical handicaps as well as students with specific learning disabilities. Schools employing such counselors report that this arrangement facilitates the identification of and provision of needed services to vocationally handicapped students who qualify as VR clients. In those instances where the counselor is considered a school employee, all rehabilitation processes, expenditures of VR monies, and casework procedures are under the direct supervision of the VR Regional Administrator and/or his/her designee.

- Secondary work experience programs funded jointly by the Vocational Rehabilitation Agency and one or more of the following: the local educational agency, the State Division of Vocational Education, and/or the State Division of Special Education. Participants in these programs are students with a mental or physical handicap. Programs organized solely for one or more categories of the physically disabled are in operation in a number of local educational agencies (including regular high schools, special day schools and residential schools). These programs usually have intensive career guidance, personal adjustment counseling, and post-school job placement components.

The Rehabilitation Services Administration and the Bureau of Education for the Handicapped are developing the following manual which will be of assistance to school planners:

> Cooperative programming between vocational rehabilitation agencies and the school systems: A sourcebook for administrators and supervisors.

Cooperation between the regular high school and special schools for disabled students: Special schools for the visually, hearing, and orthopedically disabled students are a potential resource for information to assist in planning public high school programs, for inservice training, and for providing specialized services and instruction. The program developed by the Oregon School for the Blind is recommended as a model (see Figure 1). A number of special schools operate programs of clinical evaluation and career orientation, often during the summer. These programs are especially valuable for the more severely impaired students enrolled in a regular school setting. (Similar programs open to high school students and young

FIGURE 1

A RESIDENTIAL SCHOOL ADAPTS TO CHANGING TIMES[*]

The Oregon State Department of Education has been operating regional programs for the visually handicapped for a number of years through contracts with local school districts. Four years ago, the School for the Blind was transferred to the administrative responsibility of the State Department so that the Department found itself in the position of operating two programs for the visually handicapped. Recently, then, the Oregon School for the Blind has been given the responsibility of coordinating educational programs for all youngsters in the State whether they are residential, regional, or in local public schools outside of regionals. The ultimate role of the residential school will evolve with time as we determine in what ways we can be useful to the State. However, listed below are areas in which we hope to be utilized in the effort to coordinate services in the State offering the best possible program to each visually handicapped child and youth:

1. A central advocate voice to the legislature and to State agencies to present a coordinated approach for funding. The budgets for regional programs and the funding for personnel to serve children outside of regional programs will be presented to the legislature as a part of the School for the Blind request. Legislators should have a better understanding of Statewide services to this population through a unified appeal.

2. A central communications point for the various programs in the State. It is hopeful that the school might become known as the central point for information concerning State educational services for State and private agencies seeking information and for citizens requesting information. In addition, the school should be able to function as central communications point for the various programs for the visually handicapped in the State who have little contact with each other for geographic reasons. The School can organize Statewide in-service sessions for professional staff.

3. The school can give assistance to local districts who would like to establish services to the visually handicapped children in their area. Some new programs in local areas are initiated with Federal funds. Assistance can be given to them in determining the need for services, developing the project grant, giving support at the time of funding and assisting in the recruitment and selection of professional personnel.

4. Sharing professional staff from the residential school to local programs. The School for the Blind maintains professional staff in variou areas such as orientation and mobility, living skills, physical education and recreation, pre-school and family services, and music in addition to academic teachers who can give assistance in their areas to local programs. We are called upon rather regularly to offer

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[*] Reprinted from The Oregonian.

FIGURE 1 -- *Continued*

professional services in these areas to regional and local programs who are not large enough to have their own specialists. These specialists are released from their duties at the school to go to the area requesting support for whatever length of time necessary. Their classes at the residential school are often filled with parent counselors in order for them to have an opportunity for closer contact with children

5. Two kinds of on-campus, short enrollment are available to youngsters around the State. First, enrollment for diagnosis and evaluation. At times we receive inquiries from local schools about what type of educational program would be most beneficial to a given student or at what point braille should be presented, etc. It is possible to enroll that student on a resident basis to obtain an evaluation of his skills and abilities and to subsequently make recommendations to the local school for services. This short-term enrollment for evaluation and diagnosis usually is for a one or two week period depending on the extent of evaluation necessary. The second type of short-term enrollment may be as short as two weeks and could go as long as several weeks or months. This enrollment would be for the purpose of giving concentrated instruction in an area or areas in which the child is having difficulty with public school placement but where regular residential placement is not necessary. He may need a concentrated program in braille, math computation, or abacus, or he may need intensive work in mobility in order for him to function adequately in his local setting. The child enrolls at the School for the Blind for a predetermined length of time with an exact set of objectives and staff time is rearranged to offer him that assistance. Through the field services staff, effort is made to work with his local classroom teacher and with tutoring of the student to keep him up in other areas with his class back home so that when he returns he has not missed all his work. The student might need to return to the residential school for a second period of short-term enrollment at a later time. The purpose is to give whatever assistance necessary to insure his success in the local program.

6. Summer sessions can be offered to students in areas of deficiency and for enrichment. For a number of years, the School for the Blind has offered summer sessions for both residential students and those from local programs. These program areas might be in living skills, social skills, typing, physical education and recreation, orientation and mobility, or other non-academic areas where the local programs have had less than adequate time to develop. Classes can be offered in academic areas where, much like the short-term enrollment state before, students can receive concentration in areas where they need attention in order for them to function better when they return to their local programs in the fall. In addition, enrichment activities are planned in outdoor education, recreation, crafts, etc.

NOTE: The intent of the Oregon School for the Blind being in a coordination role in the State is to support each child in the best possible placement for him and to support local programs in any way possible to make their efforts with visually handicapped youngsters more effective. Our school is in no way trying to, or can it by law, infringe on the rights, responsibilities and prerogatives of the local programs. Once contracts between the Department of Education and the regional program are finalized, the operation of that program is under the authority of the local schools.

adults are sometimes operated by postsecondary institutions and rehabilitation facilities.)

Patterns for guidance and counseling services in the school: The various options for providing high school guidance and counseling services to physically disabled students include:

- Assignment of the physically disabled student to a regular counselor, using the same procedures by which able-bodied students are assigned to counselors
- Assignment of all physically disabled students to one regular counselor
- Assignment of students with a particular disability to a particular regular counselor
- Team approach with regular counselor sharing guidance and counseling functions with work experience coordinator, resource room instructor, or classroom teacher for the physically disabled
- Team approach with regular counselor augmenting his/her functions with services of specialist(s) from a community agency or educational cooperative
- Vocational rehabilitation counselor, i.e., in-school VR counselor with caseload of students manifesting physical, emotional, or mental handicaps
- Social worker with a caseload restricted to the physically disabled
- School-based or itinerant counseling specialists for the visually, hearing, and orthopedically/health impaired.

The option of counseling specialists will most likely be practical only: (1) when there is a sizable population of physically disabled students to be served in the high school; or (2) when the specialist(s) serves a number of high schools in the LEA or a number of schools involved in a multi-district cooperative agreement.

Specialized vs. integrated counseling services: Even when specialized guidance and counseling personnel are available, it is not advisable to routinely assign the physically disabled student to the specialist. A disabled student may have no social, educational, or vocational handicap and no particular need for specialized counseling services. This may be true for students with a mild physical impairment or for those who are severely disabled. While the regular counselor indeed may wish to consult on occasion with the specialist, it is psychologically advantageous for the disabled student with minimal adjustment problems to be as fully integrated as possible into the school setting.

In discussing the pros and cons of integrated vs. specialized counseling services, Rusalem (1962) states:

> *Insofar as physical limitations permit, the [integrated approach] seems to have certain advantages. It is consistent with the current philosophy that disabled persons, in most respects, can be integrated into existing structures. It is in keeping with the desires of many... disabled students who resist segregation and what they consider to be subsequent stigmatization. It assists in educating the total staff. Finally, it places responsibility for the disabled student in the institution, as a whole, rather than in the hands of a few specialists.*
>
> *Contrariwise, several disadvantages should be recorded. This approach may not work with a small minority of extremely disabled persons who require differentiated services. It may be less efficient [and effective] in that less well-trained personnel will become more deeply involved in the program. In an institution in which leadership and participation by key personnel are lacking, the disabled student may actually suffer neglect or avoidance. In reality, integration and differentiation in student personnel services are extremes. Most institutions develop patterns that lie somewhere along a continuum. In most instances, integration is viewed as a desirable ideal to be pursued, and practiced whenever possible. The greater the number of severely disabled students accepted for admission, the more extensive will be the need for differentiated organizational structures. However, even when this differentiation becomes necessary, it is advisable to keep it from "spilling over" into the ranks of the less severely disabled students. Despite the presence of highly organized services for severely handicapped students, those who can do so should be encouraged to use the general counseling services...*
> (p. 124)

In determining whether a particular student may benefit from specialized counseling services, the following factors should be considered:

- Does the student have an educational or vocational handicap that is directly associated with his/her physical disability?

- Does the student have a personal adjustment problem as a direct result of his/her physical disability?

- Does the student him/herself prefer to consult the special counselor? (A certain amount of discretion must be used by school personnel in acquiescing to a student's preference. The disabled student who denies that s/he has a serious problem related to his/her handicap -- when in fact s/he does -- may need specialized counseling and should be encouraged, but not forced, to accept it.)

Where integrated counseling services are appropriate, the effectiveness will be enhanced if the following considerations are taken into account:

- The regular counselor expresses a willingness to serve the physically disabled. Assigning a student to a counselor who, for whatever reason(s), finds it psychologically impossible to establish and maintain rapport with an individual manifesting a particular disability is doing a disservice to them both.

- In schools where there are more than one or two high school counselors it is advisable that one counselor or the Guidance Director should be responsible for collecting and disseminating information pertinent to the counseling of the physically disabled.

- The regular counselor should be aware of his/her limitations and regularly avail him/herself of the school or community-based sources of specialized assistance that have been discussed in this chapter.

It should be noted that special counseling provisions will be necessary for many severely hearing impaired students, particularly those who are prelingually deaf or severely hard of hearing. As Patterson and Stewart (1971) state:

> *In order to experience the therapeutic conditions basic to successful counseling and to communicate these to the deaf client, the counselor must (1) understand certain facts about deaf people; (2) be aware of the special problems experienced by the deaf; (3) know the impact of these problems so that their impact on the counseling relationship may be minimized; (4) be able to communicate with deaf people in their language; and, (5) be aware of ways that deaf clients can be helped to better express themselves.* (p. 56)

Responsibility of the regular counselor: As had been indicated before, the functions of the regular counselor vis-à-vis his/her physically disabled client will vary according to a number of factors, including the needs of the client, the expertise of the counselor, the availability of guidance-related services from other sources in the school or community, and the policies of the guidance department. Given this variation, only a generic definition of the regular counselor's role regarding the physically disabled mainstreamed student can be provided here. The extent to which the regular counselor will him/herself be involved in providing the services discussed throughout this manual must be individually adjudicated by each high school guidance department.

Broadly defined, the responsibility of the regular counselor is to him/herself provide, or to refer the student elsewhere in the school or community for: personal, academic, and career counseling, guidance, and placement services that are geared to any special needs that are associated with the client's disability. Further, the counselor must identify and intervene to ameliorate any aspects of the physically disabled student's environment that are impeding academic, career, and personal growth. Aspects of the environment which may require intervention include, but are not limited to: attitudes of the family, school personnel, nondisabled peers, postsecondary institutions, and prospective employers; instructional programs, procedures and materials; architectural accessibility of the school and community. The counselor may intervene by providing direct counseling services, by serving as an advocate, or by making referrals for appropriate services. And of extreme importance, the counselor must permit and encourage the physically disabled client to be an active partner in all of these processes.

INSERVICE TRAINING

According to the proposed regulations for P.L. 94-142 (Sections 121.263-264) state level Departments of Education must initiate "innovative and experimental inservice personnel development programs" for personnel who will be serving disabled students. We suggest that guidance personnel contact their LEA administrators and the State Department of Education not only to find out about the scheduling of inservice programs, but also to emphasize the need for inservice training of guidance personnel relative to serving physically disabled students. Because there are many more teachers than counselors and many more students with mental, rather than physical, handicaps, inservice training efforts have traditionally focused on teachers serving students with learning or emotional difficulties. Inservice training sessions that are thus oriented may be of limited relevance to the counselor of a physically disabled student.

Prior to the state's initiation of inservice programs, or as an adjunct to these programs, guidance directors and special education directors may wish to implement inservice training for the school guidance staff. Programs to be developed should include orientation sessions for all guidance staff members at the beginning of the school year, one- to two-day programs at institute days or county-wide workshops, periodic 2-3 hour meetings during the school year, and visitations to model school programs and agencies. In addition, staff members should be encouraged to attend summer institutes or take specific courses that would aid them in serving physically disabled students. The guidance director should regularly inform his/her staff of appropriate course offerings.

Topics to be addressed at these various inservice sessions include:

- Possible negative parental, peer, and societal responses to disability and their impact on the disabled individual's self concept
- Activities and counseling strategies to assist the disabled adolescent in coping with negative attitudes and with limitations imposed by the disability, to enhance the self concept, and to promote social integration
- Disability-related factors that may limit career awareness in disabled youth, engender unrealistic career goals, and complicate career preparation
- Strategies for career exploration and preparation
- Techniques and materials for vocational assessments and student self appraisals of career aptitudes and interests
- Modified equipment and procedures disabled persons can use to successfully pursue various courses of study and careers
- Guidance and instruction regarding job-finding skills and legal rights of the disabled relative to employment
- Postsecondary educational institutions with special services to accommodate severely disabled students

- The legislative and practical necessity of parental involvement in educational placement, testing, and personal counseling matters

- Resources available through school district and other agencies (service organizations of and for disabled persons, state agencies) which can assist the guidance staff in such areas as family counseling, recreational programs, personal adjustment counseling, educational-vocational assessment, educational placement, financial aid, and job placement

- Consulting with teachers on adjustment or learning problems that students may manifest in the classroom

- Coordinating educational support services (e.g., readers, interpreters, tutors, attendants)

- Medical and rehabilitation factors which may be associated with various types and degrees of physical disabilities

- Ways in which congenital and early adventitious disability can restrict the developmental life experiences that are prerequisite to developing personal-social skills and acquiring skills for independent living

- Instructional materials and individual and group counseling strategies to use in enhancing personal and social skills and capacity for independent living

- Nondiscriminatory selection, administration, and interpretation of psychometric tests appropriate to persons with various sensory and physical limitations.

Persons who may be contacted to assist in planning and/or conducting inservice sessions are:

- Specialists from state level Department of Special Education, and Department of Occupational/Vocational-Technical Education (Special Needs Division)

- Rehabilitation counselors and specialized personnel (e.g., job modification specialist, psychologist) from the State Vocational Rehabilitation Agency

- Guidance personnel from model programs (personnel from state agencies may be helpful in identifying model programs)

- Representatives of community service organizations (e.g., United Cerebral Palsy, family guidance clinics)

- Representatives from residential or special day schools serving physically disabled high school age students

- Staff from rehabilitation and evaluation centers
- College faculty who are specialists in the instruction/counseling/rehabilitation of physically disabled persons
- Representatives of consumer organizations of the disabled, physically disabled individuals who are attending or who have recently graduated from a local postsecondary program, local community residents who are themselves physically disabled
- Physically disabled students who are currently attending, or who have recently graduated from, the high school
- Parents of physically disabled students.

The topics to be addressed and the activities to be involved should be based on the expressed needs and interests of the participants as well as the recommendations of the personnel identified above. A brief mailed questionnaire survey will be helpful in identifying needs, interests, and recommendations.

Activities to use in addressing the topics can include: presentations; discussion groups; simulation activities (to deepen participants' awareness of problems that disabled persons may have to cope with daily); intergenerational exchanges (e.g., having students, parents, and counselors rank a checklist of potential concerns and compare the results); participant review of literature identified in this manual, with group discussion of applications to the high school's delivery of guidance services. Site visits should be arranged to model school programs in regular and special schools, rehabilitation and evaluation centers, to sites where physically disabled persons are employed, and to agencies where students may be referred for services. Films can be extremely useful for illustrating issues and techniques and generating group discussions. A very moving film which clearly conveys the message suggested by its title is:

> _Like other people_. Burleson (1973) says of this film: "This is an angry film; it is also a hopeful film. While it focuses on the problems of the cerebral palsied, the hard-hitting points it makes are applicable to any handicapped group....The characters...are real people who live in a residential home for the [cerebral] palsied in England. Through their own words we come to realize their anger and frustration at society's failure to understand their need to do productive work and be paid for it, their desire to marry and care for each other, their desire for privacy, when they seek it."

COORDINATING SERVICE DELIVERY -- MATERIALS

Cooperative programming between vocational rehabilitation agencies and the school systems: A sourcebook for administrators and supervisors. Free. Publication Pending. Will be available from Office of Special Programs, Rehabilitation Services Administration.

Like other people. Available in U.S.A. from Perennial Education, Inc. Rental price, $37.50. Purchase price, $375.00.

CHAPTER 3

PERSONAL ADJUSTMENT

There is no such thing as a psychology of disability. No evidence exists that a person with a physical disability inevitably will be more maladjusted than his/her able-bodied counterpart. Nor has research consistently yielded significant relationships between the kind, duration, or severity of a disability and the individual's degree of adjustment. Nevertheless, some disabled individuals are confronted with hindrances to self-actualization that are connected to their disability.

These individuals may have been deprived of the various life experiences necessary for acquiring knowledge of the world beyond their immediate environment, learning about themselves and others, exploring interests and capacities, and gaining and testing interpersonal skills. Such experiential deprivation may be directly caused by the disability. The physical or sensory impairment may have restricted the range of activities in which the child could participate or extensive periods of time spent in the hospital or in a rehabilitation facility may have precluded exposure to various life experiences. Even those experiences to which the child had been exposed may have had limited meaning to him/her. For example, the young deaf child who is punished for inappropriate behavior may not understand his/her parents when they attempt to verbally explain the reason for the punishment. The blind youngster cannot informally acquire information or skills by visually observing people or things in his/her environment.

In many instances, experiential deprivation is a function not of limited physical or sensory capacity, but rather of people's attitudes and emotional responses toward persons who are disabled. Overprotection of the child or underestimation of his/her abilities are not uncommon. They may bar the child from opportunities for decision-making and reality-testing. The tendency to pity a disabled child may prevent a peer or adult from giving that child honest feedback about his/her behavior. Parents who believe that their child is doomed to dependency are not likely to teach or expect from their child any degree of independence.

Overprotection and underestimation are linked to those fallacious beliefs about disabled persons that are commonly held in our society -- that disabled persons are inherently different or inferior, that they are dependent both physically and psychologically, that they are non-sexual beings, that disability permeates the person's entire life space. If the disabled child internalizes such beliefs, s/he may develop a succumbing, rather than a coping, orientation to his/her life.

Given the existence of these types of influences, some children who are physically disabled will reach young adulthood without the awareness, skills, and self concept that contribute to personal and social adjustment. The high school counselor may have to provide opportunities for these youngsters to acquire the interpersonal skills, the coping orientation, the independent living skills, and above all, the acceptance of self that lead to self-actualization.

It is the potentially negative impact of disability on adjustment that we shall explore in this chapter. Our approach is skewed in this direction, not because a negative impact is to be expected, but because public high school personnel may have had little experience with disability-related adjustment issues that can arise. We would like to emphasize that if a physically disabled student has an adjustment problem, it may be entirely unrelated to the disability -- identical to problems of non-disabled adolescents.

Implicit in this chapter is the assumption that personal adjustment involves: achieving whatever degree of physical independence is possible; having satisfying social relationships; accepting the true limitation of the disability without feeling that the disability is devaluating; emphasizing assets rather than liabilities; and assuming responsibility for oneself. We wish to stress, however, that personal adjustment is just that -- personal, with a unique meaning to each individual. The issues we explore and the guidelines we provide for facilitating personal adjustment may or may not apply to a particular disabled student. Obviously, there are few a priori assumptions one can validly make about any client; but there are two postulates that do apply universally to the disabled client:

> *Persons who are disabled have the same psychological needs as nondisabled persons. A disability in no way transforms an individual's need for love, respect, productivity, and autonomy.*
>
> *No matter how severe the impairment, persons with physical disabilities have within themselves the potential for resolution of their difficulties and for self-actualization.*

We recommend the following materials to counselors who wish to further explore the issues addressed in this chapter:

Evelyn West Ayrault, Helping the handicapped teenager mature. Appropriate for counselors, disabled adolescents, and parents.

George J. Goldin & Reuben J. Margolin, The psychosocial aspects of epilepsy. In George N. Wright (Ed.), Epilepsy rehabilitation. A brief discussion of personal adjustment problems and the impact of epilepsy on family life.

John Gowan, The guidance of exceptional children. In Gowan & Demos, The guidance of exceptional children and youth. Discusses in detail eight principles for the enhancement of self concept.

Lee Meyerson, Somatopsychology of physical disability. In Cruickshank (Ed.), Psychology of exceptional children and youth. Summarizes theories of Wright and others on the relationships between physique and behavior, cultural relativity of disability, overlapping psychological roles, and adjustment.

Eugene Mindel & McCay Vernon, They grow in silence: The deaf child and his family. A most cogent and sensitive statement on the life experiences of profoundly deaf persons.

Hilde Schlesinger, A developmental model applied to problems of deafness. In Schlesinger & Meadow, Sound and sign. Also applicable to other disabilities.

Allen E. Sussman and Larry G. Stewart (Eds.), Counseling with deaf people. Excellent resource on the social and psychological problems of deaf persons, principles of counseling, role function of the counselor, and counselor selection, education,and training.

Beatrice Wright, Physical disability - A psychological approach. Classic text on social-psychological situations that confront persons with atypical physique, and how physically disabled persons may cope with these situations. Addresses personality and environmental factors as they aid or frustrate adjustment. Includes numerous autobiographical accounts.

ATTITUDES TOWARD PERSONS WHO ARE PHYSICALLY DISABLED

> *History, we are told, is the record of what human beings have done; literature, the record of what they have thought... The literary record reveals no single theme or unitary view of the life of the blind... Yet, upon closer examination the principle themes and motifs of literature and popular culture... may be summarized as follows: blindness as compensatory or miraculous power; blindness as total tragedy; blindness as foolishness and helplessness; blindness as unrelieved wickedness and evil; blindness as perfect virtue; blindness as punishment for sin; blindness as abnormality or dehumanization; blindness as purification; and blindness as symbol or parable.* (Jernigan, 1974, p.1)

Perhaps the most insidious of barriers confronting persons who are disabled are society's myths about them. Not infrequently perceptions about the effects of physical disability are highly distorted; these distortions engender devaluative attitudes such as fear, pity, avoidance, unrestricted curiosity, or compulsive helpfulness. It is not so much the organic impairment itself that can shape a person's personality and development as it is the fears, frustrations, rejections and deprivations which can result from the attitudes of persons in one's environment (Schneiders, 1965, p. 172).

This section provides an overview of the cognitive and affective factors underlying the formation of such attitudes. This material is presented to provide counseling personnel with insight into the reasons some teachers and able-bodied peers might respond negatively to the student in the class, the attitudinal climate bearing upon the psychosocial development of disabled persons, and the roots of the uneasiness counselors themselves might feel in serving disabled students.

As Wright (1960, pp. 118-128) has pointed out, we may tend to see an individual in terms of one characteristic which colors the way we see the total person. Upon meeting Steve, who has an impairment of vision, an individual might conclude that all of Steve is impaired: assuming that his hearing is impaired, one will shout at him; assuming that Steve probably can't communicate too well either, one will address only his companion. This "spread phenomenon" can be based on any factor which, for our own reasons, we see as salient -- be it race, sex, or astrological sign.

There are several reasons why physical impairment often becomes the factor dominating an individual's judgement of the disabled person. The able-bodied individual tends to see disability from his/her own perspective, envisioning what it would be like to suffer a sudden physical loss. S/he does not consider that most disabled persons have gone through a process of learning how to function well despite the loss and of adjusting psychosocially to being without a physical or sensory capacity. Nor is the nondisabled person usually aware of the procedures, equipment, and aids that allow the disabled person to circumvent limitations in order to perform the activities of daily life and career. Furthermore, the environment imposes restrictions that emphasize disability. The sight of a person being carried up a flight of stairs because there is no elevator or ramp does not exactly reinforce perceiving that person as a successful mother, husband, teacher, or worker.

Wright (pp. 70-78) also discusses the phenomenon of "expectation discrepency" -- a person's expectations not matching the actual reality of a situation. The discrepency must be reconciled and there are three cognitive processes which can effect the reconciliation. One involves distorting the reality so that the expectation remains intact, for example, adhering to stereotypes about the incapacities of disabled persons despite evidence to the contrary. A second cognitive process is to anormalize persons who are disabled,

> *... to remove them from the laws of ordinary mortals by imbuing them with special powers to account for the fact that their performance surpasses one's expectations. Thus it is that the blind are felt to have a sixth sense to account for their mobility, their understanding, etc.* (Wright, 1974, p. 111)

The third and obviously preferable process is the revision of expectations so that they accord with reality. Such reconciliation usually takes place only when one is consistently and clearly confronted with evidence of that reality.

Fear, too, may underlie negative attitudes. The presence of a disabled person can trigger, usually on a subconscious level, threatened feelings of one's own susceptibility to physical damage. The fear may be irrational, but it is nonetheless real. Or fear may be based in distorted perceptions of the amount of responsibility one will have to take in connection with a disabled person. In order to avoid these fears, one simply avoids the individual. One might also see the person as an object of pity, as defenseless and in need of help that exceeds the reality of the situation Though this may be well-intended it imposes an unwarranted status of weakness on the person who is disabled.

An emotion that frequently encroaches upon what could otherwise be positive relationships between disabled and nondisabled persons is uneasiness. The person who has never known anyone who is disabled may simply not know how to act -- whether to offer assistance, to use the words "see" with a blind person or "walk" with someone in a wheelchair, or to use exaggerated facial and lip movements when speaking to a deaf person. And again, such anxiety can prompt an individual to avoid contact with the person who is disabled, even though it is just this contact which, when approached openly by both parties, can in time dissipate the anxiety.

Although devaluative attitudes toward disability are prevalent in our society, it is erroneous to assume that such attitudes are inevitably damaging to the disabled individual's self image. In a review of research findings on disability, Wright (1960) indicates that there is no consistent relationship between disability and negative self image/poor adjustment. She proposes four factors to explain how people with a disability achieve more or less the same level of adjustment as their able-bodied counterparts

> *First of all, all human beings know rejection and frustration, disability being only one variant among many that contribute to social and personal difficulties. Second, negative psychological situations are not the only ones experienced by a person with a disability. Certainly respect, encouragement, and acceptance from family members and friends are not infrequent, and such interpersonal relations may well provide the main prophylaxis against the destructive personality effects of disability. Even the larger society looks up to a person*

> *who achieves in spite of his disability. Third, a society that gives weight to the dignity and value of each of its members facilitates adjustment by providing schools, work and recreation outlets, and other means that will meet the needs of persons with special problems. The fourth point is perhaps the most important of all: a human being is not an inanimate object becoming more and more scarred with each successive blow.* (1969, pp. 94-95)

SELF CONCEPT

Helping students develop, restore, or maintain a positive self concept, is perhaps the primary task of counselors serving physically disabled adolescents. It is not an issue divorced from other counseling endeavors. Having the confidence and motivation to achieve in the educational-occupational arena, to acquire self-help skills, and to engage in social relationships is greatly influenced by one's self concept. Success in these areas in turn can promote a healthier self concept.

In The Guidance of Exceptional Children, Gowan (1972, pp. 5-7) asserts that change in self concept is the basis of effective counseling. Promoting this change involves helping the student over a "discontinuity" or transition from one aspect of role function to another in which the student's self concept is changed from seeing him/herself in a nonperformance role to seeing him/herself in a competent performance role. Students who see themselves on the sidelines need to see themselves as persons who can and do perform.

In a similar vein, Wright proposes that a primary goal of counseling with the disabled is to help persons cope with, rather than succumb to, their disability. Unfortunately, able-bodied persons as well as disabled persons and their parents may emphasize the "tragic" aspects of a physical disability. Very often severe organic impairment - be it spinal cord injury, blindness, epilepsy, congenital deafness or cerebral palsy - is regarded as the greatest misfortune next to loss of life itself. Referring to this topic, Wright states:

> *The problems that define the situation of a person with a disability can be either viewed primarily in terms of their negative or tragic aspects, or primarily in terms of constructive possibilities through which the person can gain satisfactions.* (1967, p. 56)
> *Briefly, the succumbing framework notes only difficulties in the life of the disabled person and elaborates on their dire consequences. The coping framework, on the other hand, regards problems in terms of how they may be ameliorated, circumvented or lived with. The emphasis is on how a person with a disability can share in life's satisfactions by being an active participant in the solution of problems and by engaging in a range of activities.* (1974, p.115)

Wright's delineation of coping vs. succumbing orientations, presented in Figure 1, can provide counselors, parents, and disabled adolescents with a framework for clarifying their own orientation toward disability. Based on the coping orientation, Wright has summarized guidelines to the development of healthy attitudes toward disablement (Figure 2). We suggest that counselors consider these guidelines whenever working with students.

Specific strategies the counseling and teaching staff may employ to help the disabled student develop a more positive self concept include the following:

- Introduce the student to fictional and non-fictional accounts of disabled individuals who have learned to cope with their impairment. Such bibliotherapy may help students to understand that their problems are not unique and to recognize ways they can cope with their disability. The bibliotherapy approach need not be limited to books. Magazine articles, newspaper clippings and summaries of radio/television shows also are appropriate. Personnel serving physically disabled adolescents should keep a file of such materials to be used as the need arises. (For further discussion of bibliotherapy see pp. 155-156.)

- Introduce the student to disabled adults (including young adults) in the community who are successful in educational, athletic, homemaking, civic or career endeavors. It is important to portray a range of accomplishments -- a student may relate more to a skilled deaf or blind auto mechanic or to a cerebral palsied homemaker who successfully cares for his/her own active preschooler than to a disabled doctor, lawyer, or psychologist.

(Continued on p. 111)

FIGURE 1

COPING VERSUS SUCCUMBING ORIENTATIONS*

Coping	Succumbing
1. Emphasis on what the person *can do*.	1. Emphasis on what the person *can't do*.
2. Areas of life in which the person can participate are seen as worthwhile.	2. Little weight is given to the areas of life in which the person can participate.
3. The person is perceived as playing an *active role* in molding his life constructively.	3. The person is seen as *passive*, as beaten down by difficulties.
4. The accomplishments of the person are appreciated in terms of their benefits to the person and others and not primarily depreciated because they fall short of some irrelevant standard.	4. The person's accomplishments are minimized by highlighting their shortcomings, usually in terms of "normal" standards.
5. The negative aspects of the person's life, such as the pain that is suffered or difficulties that exist, are felt to be manageable.	5. The negative aspects of the person's life, such as the pain that is suffered or difficulties that exist, are kept in the focus of the person's life. They are emphasized and exaggerated and even seem to usurp all of life (spread).
6. Managing difficulties, in one sense, means overcoming them or ameliorating them through the application of medical procedures, the use of prostheses and other aids, learning new skills a[illegible] environmental accommodations (social, legal, economic, etc.).	6. The disability represents such an unadjustable state that one must try to hide and deny it. Some kind of adjustment is possible only by acting as if it doesn't exist. Resignation is the only other alternative.
7. Managing difficulties *also* means *living* on *satisfactory terms* with one's limitations (although the disability may be regarded as a nuisance and sometimes a burden). Above all this means viewing the disability as nondevaluating and seeking satisfaction in terms of one's assets.	7. Whether or not the person is able to hide his disability, he is pitied.

* From Beatrice Wright. An analysis of attitudes -- Dynamics and effects. New Outlook for the Blind, 1974, 68 (3), p. 115. Reprinted with permission.

FIGURE 2

GUIDELINES TO THE DEVELOPMENT OF HEALTHY ATTITUDES TOWARD DISABLEMENT*

1. The first has been called enlarging the scope of values. This refers to the necessity, on the part of the person who has a disability, to extend his horizons beyond the disability and self. It implies that there are other values besides physique that are sufficiently attractive to excite the person's interest. It suggests for example that the person become interested in the sports and art world; in entertainment and recreation; in work, study, and play; in sharing with people and enjoying them; in community, national, and international events. Enlarging the scope of values implies that there are different ways to engage widened interests. Where one path is closed because of the disability, other paths adapted to the needs and abilities of the person can be found.

2. The second guideline has been called subordinating physique. This means that other values should assume greater potency in the person's life than physique. It means that the person has to enhance such values as that of doing what one can, of understanding, of helping others, and so on, and not allow the importance of physique to override these values.

3. The third guideline is known as containing disability effects. It stresses the importance of preventing the spread of the limitations of a disability into nondisability-connected areas. This is particularly important in the case of a visible disability, where the tendency to perceive physical disability as involving mental and emotional disablement as well is so strong. Containment implies that more involved disablement need not be the case, that such spread often reflects unwarranted myths and stereotypes.

4. The last guideline is upholding asset evaluation. Within the framework of asset evaluation, not only is emphasis given to what the person can do, but the evaluation takes place in terms of the requirements of the situation rather than in terms of an inappropriate "normal" standard. Attention to what the person cannot do may also be appropriate to situational requirements, but the limitations do not thereby come to represent the essence of the person. Where comparative evaluation is evoked, on the other hand, the person is rank-ordered as "better" or "worse" than someone else, a judgement often leading to wider status connotations. The point to be stressed is that for most, although not all, situations in life, the appropriate principle is that of asset evaluation, a principle that will allow the person to make use of his abilities without being discredited by shame and inferiority resulting from unwarranted comparisons.

*From Beatrice Wright. Issues in overcoming emotional barriers to adjustment. Rehabilitation Counseling Bulletin, 1967, 11 (Fall), pp. 53-54. Copyright (1967) American Personnel and Guidance Association. Reprinted with permission.

- Organize regular group sessions (with nondisabled and disabled students) designed to help them better understand and cope with common problems, be they related to personal-social concerns, educational difficulties, or career goals. The discovery that others have similar problems can be a powerful stimulus to self concept change.

- Provide opportunities for disabled students to reduce their dependency by improving their competency in daily living skills. Students and parents should be informed of instructional booklets, aids and devices that can help in this area (see pp. 133-139 of this chapter and pp. 189-190, 205, and 214 of the next chapter).

- For some students physical/occupational therapy sessions and specific instruction in the proper care and use of prostheses may be advisable. If such services are not available through the school district, the counselor may need to help the disabled individual's parents arrange for these services from a community agency.

- Provide opportunities for the disabled student to participate in extracurricular activities. Imagination on the part of the student and counselor may be required here: a blind student can participate in wrestling; a deaf youngster may be a proficient layout artist for the school yearbook or member of a drama club stage crew; a person with cerebral palsy may excel in chess or photography.

- Provide opportunities for the disabled student to acquire specific social skills, for this will enhance the student's ability to form friendships with age-mates. Improved interpersonal relationships are an important step in enhancing one's self concept. Knowledge and skills in such areas as grooming, social etiquette and recreational activities that able-bodied youngsters generally acquire "on their own" may have to be taught to disabled adolescents.

- Structure the educational environment so that the student can achieve success in one or more classroom endeavors. If more than one educational placement option is available, placement in a regular class should be considered only if it is likely that the disabled student will have a successful learning experience. This does not mean that a student should never be permitted to fail or to attempt a course of study that may be beyond his/her mental or physical capacities (see Educational Planning, pp. 183-184 and Career Development, pp. 248-249).

- Provide opportunities for closely supervised work experience. Success at a job, especially in an off-campus site, can be a powerful motivating factor for students who consider themselves less capable than most of their peers.

- Help the student to identify and develop any latent talent or ability he or she may possess.

- Encourage the disabled adolescent to donate blood, serve as a counselor or craft person at a camp for disabled youngsters, or do volunteer work for a social or charitable cause of the student's choice. The disabled individual, so frequently the recipient of assistance from others, needs the boost to self esteem that can come from helping others .
- Provide opportunities for peer tutoring whereby a disabled student helps a disabled or nondisabled classmate.
- Provide opportunities for peer counseling whereby a disabled student establishes an ongoing one-to-one counseling relationship with another disabled student facing educational and/or personal-social problems. As in the above strategy, this arrangement can strengthen the self concept of both counselor and counselee.
- Introduce the student to community advocacy groups actively engaged in seeking to remove legal, educational, and architectural barriers facing the disabled. This may engender a coping (rather than succumbing) attitude and may provide the student with an opportunity to discuss problems with other disabled persons.
- Form a committee composed of disabled students, parents, school personnel and concerned citizens to serve as an advisory board to the school administration regarding the elimination of architectural barriers. As Wright (1967) states, "Effecting appropriate environmental accomodations not only allows fuller participation in society's offerings, it also fosters a general attitude conducive to removing emotional barriers to adjustment of persons with disabilities. It implies recognition and acceptance by that society of the individual's needs, rather than rejection or indifference" (p. 56).

An excellent book for disabled students, as well as parents and school staff, is:

> Sol Gordon (Ed.), Living fully: A guide for young people with a handicap, their parents, their teachers, & professionals. Written by, and about, disabled persons. As Burton Blatt writes in the foreword, "It provides... all people, especially young men and women who feel different - with a beginning for changing themselves, for believing that each of us is a valuable person, and that the earth is ours for us to shape for human beings for human needs."

Effective counseling toward a positive self concept will depend greatly on the counselor's own attitudes toward disability. The counselor's ability to accept the student, whatever the nature or extent of disability, as a person of worth and to believe in his/her capacity for self-actualization is basic to the student's own self-acceptance. In brief, establishment of a growth enhancing therapeutic atmosphere is more dependent on the attitudes and feelings of the counselor than upon any techniques which s/he uses (Patterson & Stewart, 1971, p. 48).

ADJUSTMENT TO PHYSICAL DISABILITY

No matter what the category or degree of physical disability, there is a need for the individual to develop psychological acceptance of his/her physical limitations. Concentrating on the coping possibilities does not imply glossing over the difficulties themselves. As defined by Wright (1960),

> *...coping means coping with the difficulties rather than managing because of blissful ignorance or pretense. Indeed, the difficulties must be realistically appraised if continued failure and discouragement, the most effective impetus to succumbing forces, are to be avoided.* (p. 59)

Positive adjustment necessitates that the person be able to see him/herself as having a physical disability while not considering this condition as a barrier to self-actualization. This is true whether the impairment is congenital (occuring prenatally or at time of birth) or adventitious (the result of an accident or disease occuring after birth).

Role of body image in adjustment to physical disability

Body image, the mental representation one has of one's own body, is an integral part of self concept for disabled and nondisabled individuals alike. The body image is a complex conceptualization which we use to describe ourselves. Psychological maladjustment may occur if there is conflict between one's ideal body image (the physical attributes one would like to have) and one's actual body image (the attributes one actually possesses). In order to adjust to the psychological impact of the physical disability, the body image has to change from the image of an able-bodied person to the body image of a disabled person. In brief, psychological adjustment to a disability is the acceptance of an altered body image which is more in harmony with reality (Hardy & Cull, 1974, pp. 76-77).

Discussing the impact of body image on personality, Evelyn Ayrault (1974, pp. 17-18) concludes that the disabled teenager's personality is made up of two selves -- the normal self one would like to be, and the abnormal self that does not always follow one's physical and mental commands and is riddled with feelings of insecurity, conflict, and frustration. It is to this second self that the disabled adolescent must attend in order to adjust. Avoiding the reality of self can hinder one from reaching one's desired goals. Psychological acceptance of actual body image will encourage a person to shift from a defensive attitude and reduce to a minimum those things about which s/he is embarrassed. It will also give the individual emotional and physical independence and encourage him/her to grow from within and develop a self-motivating ability in all s/he tries to accomplish. This type of growth and development will make the person more receptive to any therapeutic treatment or special help that is required.

In considering the role body image may have in the psychological adjustment of students with physical disabilities, the counselor should bear in mind the following factors:

- Adolescence is a time of heightened awareness regarding body image. If normal physical traits -- height, weight, color of hair, and general attractiveness -- are important to a self-conscious adolescent; then a disability, especially one that is physically obvious, can have a particularly negative effect on self concept. Societal importance attributed to bodily-attractiveness in the female and strength in the male may make acceptance of physical disability especially difficult. For a further discussion of the role of body image in adolescence the reader may consult:

  Beatrice Wright, Physical disability -- A psychological approach. See especially pages 179-182.

- The question of adequate feedback is also important. Development of a congruent body image may be especially difficult for the severely visually limited adolescent. How can the blind youngster develop a concept of attractiveness? Where is his/her reality-testing situation? S/he is denied the mirror of society, both literally and figuratively. How does s/he know if s/he "measures up" to the standards of the group? The problem may be just as acute for young persons with other physical disabilities who because of an overly sheltered home and/or school environment may have few contacts with their able-bodied peers and thus lack opportunities to realistically experience the "norms" of the nondisabled world.

- It is sometimes hard for the disabled person to separate him/herself from his/her physique and to realize that others' acceptance or rejection might be other than disability-related. Anxiety about being rejected because of a deviation from physical "norms" may cause the adolescent to isolate him/herself from peers and to avoid risk-taking. Furthermore, through the convenient mechanism of displacement, somatic defects can be made the scapegoat of all adjustment difficulties and thought to be the causes of all anxiety feelings regardless of their sources. Because physique becomes a prominent and important characteristic during adolescence, it may very well fulfill this scapegoat function with surprising uniformity.

- Abt (1971) has stated that some persons with a physical disability may magnify their own bodily defects. Minor disabilities can acquire a degree of importance which may be totally unrealistic.

- Adolescence may be a critical period in terms of the person's realization that his/her physical condition is permanent. A disabled child may have convinced him/herself that s/he will somehow grow out of the unpleasant body image. Ayrault (1974, pp. 28-29) notes that as one matures physically, physical aspects of one's disability may become more pronounced, not only to self but to others. A stumbling walk in a six-year-old does not attract as much attention as it does in a fourteen-year-old. As one becomes older, lack of skills may become more obvious. This may directly affect the student's adjustment: since the adolescent feels increasingly awkward and backward in relation to his/her peers, self esteem may be damaged.

  It is the responsibility of the counselor to help disabled adolescents cope in a mature manner with the awkwardness and potential embarrassment resulting from bodily imperfections. Mishaps will inevitably occur. How young people react to their own imperfections will play an important role in how others regard them.

- Body image needs differ from person to person. Although physique usually carries a particularly heavy emotional load during adolescence, the same degree of disability will not have an equal degree of impact on all people. It is the attitudes toward the physical disability, both on the part of the individual and his/her peers, not the handicap itself, that creates a body image problem. When physical appearance or physical fitness is of exalted importance, a disability may have traumatic consequences for self concept. In order for the individual with such an attitude to think well of him/herself, s/he will have to rethink the value of physical perfection. The highly individualized impact that physical disability may have on psychological adjustment must be kept in mind if counseling is to be effective:

> *Many counselors fall into the trap of equating degree of disability with degree of psychological impact. If the psychological impact suffered by a client is much greater than that considered normal, the counselor will oftentimes become impatient with the client. It should be remembered that relatively superficial disabilities may have devastating psychological effects.*
> (Hardy & Cull, 1974, p. 185)

A relatively mild impairment may cause a greater degree of psychological maladjustment in an individual than would a more severe disability. A possible explanation is that persons with a mild disability may, because they are almost "normal", have a greater motivation to hide and deny their disability and to attempt to compete in all respects with their able-bodied peers; on the other hand, persons whose disability is so severe as to be undeniable have little recourse but to grapple with the problem of accepting themselves as persons with disabilities. It should be noted, however, that this is not the case in all instances. Not infrequently, a mild disability, by imposing fewer frustrations owing to the barrier of physical limitations, makes adjustment easier (Wright, 1969, p. 53).

Role of dependency in adjustment to physical disability

All adolescents, be they able-bodied or physically impaired, have to cope with the ambiguity of an overlapping situation resulting from their transitional status as a child-adult. Wright (1960, p. 185) notes that this overlapping situation may persist beyond the usual span of years, and in fact may recur more than once in an individual's lifetime. Whenever the individual is pulled, in crucial situations that are more than fleeting phases, by both the emotional patterns of childhood and those of mature adult self-responsibility, s/he is caught up by the need for reevaluation of the self typical of the adolescent.

In American society adolescence marks a period of transition between the dependent role of the child and the independent status of the adult. In infancy and early childhood, dependency is basic to the child-parent relationship, both physically and psychologically. First, the child depends on the family and then on other members of society for learning attitudes and behaviors. In moving through childhood toward adolescence, s/he is expected to explore more independently and develop initiative and responsibility, until as a young adult s/he can make independent decisions regarding his/her life. Parents often are ambivalent in their attitudes toward dependency-independence. In counseling adolescents, it can be helpful to involve the parents, who may be bound in a child-adult tug of war with their young. Adolescence is characterized by conflict between the values of parents and those of peers. On the one hand, adolescents want the security of a dependent relationship with their family marked by a consistent set of regulations; on the other, they identify strongly with their peer group, and look to it for approval. Yearning to be independent of their family, adolescents are dependent on their peers for their strength and support. When they finally pass through this stage of dependence, they assume responsibility as more self-directed adults. With maturity comes the realization that we are all interdependent to some degree.

The status of full adulthood is generally withheld until the advent of two outstanding circumstances: economic independence and/or marriage. For some severely physically disabled individuals, these are "symbols of adulthood" which may be difficult or impossible to obtain, and thus the adolescent marginal position may persist into chronological adulthood. Not surprisingly then, the issue of dependency vs. independence may be especially frustrating for the adolescent with a severe physical disability To be chronically in the position of limited adjustive ability, as may be the case for some severely physically impaired persons, is likely to exert an effect on the self concept. Adjustive success and the development of a healthy self concept is attainable under these conditions, but it is a success that may be a hard one along a path that may be strewn with disappointments, setbacks, and sometimes bitter failures (Schneiders, 1965, pp. 70-71).

Dependency reduction

Reducing dependency should be a major concern of counselors serving physically disabled adolescents All students need to feel that adults believe in their potential for becoming reasonably independent and self-sufficient. However, the materials for building these qualities must be real and concrete. As we shall discuss later, the school is responsible (either directly or through referral to a community agency) for providing an opportunity for students with a physical disability to acquire skills for achieving the maximum possible independence in the areas of mobility, self care, work, and interpersonal relationships.

A proclivity toward dependency may be evident in the counseling situation. Some disabled adolescents may come for counseling with the feeling that the counselor will do everything for them, and that they will then be fine. Overprotection by parents and paternalism and authoritarianism on the part of medical practitioners, therapists, and school personnel may have reinforced the disabled student's continued acceptance of a dependency status. The stereotype of a "helpless" individual unable to make decisions or to adequately handle the tasks of daily living may have been incorporated into the attitudinal patterns of some persons with severe physical disabilities. Thus they may be passive in regard to acquiring a functional independence commensurate with their abilities and may expect their parents, teachers, counselors, social workers or able-bodied associates to help them in tasks they can and should do for themselves.

If counselors are to effectively help persons with physical disabilities, they must be alert both to their own paternalism and to the client's possible proclivity towards dependency. The fact that disabled students may realistically need certain types of help may promote an unconscious nurturance of dependency on the part of the counseling and instructional staff. Counselors must be constantly aware of their own feelings about and attitudes toward dependency. As David Sawyer (1963), a social worker serving the blind, has said: "A worker's need to play the benevolent father may mesh with the client's regression toward an infantile dependent state, to the point where regression is reinforced." He adds:

> *What are our goals in offering help and how far do we pursue them? Must the client's adjustment be near perfect before*

> *we will stop hovering over him, anxiously counseling him about each encounter in his life?... We must be thorough in our help and not leave the client to flounder on his own before he is ready. However, our error is often in the other direction -- we hold on to a client well beyond the time when he should be taking full responsibility for his own development and growth.* (p. 354)

The school counselor should be especially ready, open, and non-judgmental in listening to the disabled student's questions and anxieties without, at the same time, perpetuating over-dependency. The implication must be that the young person is worthy and competent and can eventually arrive at solutions which are valid and satisfying.

Decision-making skills must be learned through practice. Therefore, the counselor should emphasize client participation to the utmost. All students, no matter how severely disabled, should be encouraged to reason and work things out for themselves and to accept responsibility for decisions that they themselves make. This process, basic to maturation, contributes greatly to improved self image and personal and social development. Freedom to fail is also part of the maturation process. If disabled students are allowed to make their own decisions, they may make mistakes; but like most other adolescents, they will learn from them. The opportunity to judge (or misjudge) one's own ability is part of the learning process. A student may enter an activity or enroll in a course confident s/he can participate despite the presence of physical or mental limitations. The student may be successful; on the other hand, s/he may fail. In either case the student is learning to judge the assets and limitations that s/he actually does possess. Viewed in this sense, failure may be an important step toward self-actualization.

Adjustment to dependency

It must be realized by all concerned -- parents, disabled persons, and counselor -- that there are realistic dependency needs. Such needs are many and varied -- for some persons they may involve equipment such as braces or hearing aids, or necessitate someone to help with a wheelchair. The communication-impaired may depend on the interpretation of others. The chronically ill depend on medication. Persons with such conditions as diabetes or cystic fibrosis may need to follow special diets or regulated patterns of activity.

Counselors serving disabled adolescents may be confronted with a number of issues directly related to the individual's dependency needs:

- One fact of life that severely disabled adolescents must face is that on occasion they will have to ask for help from people around them. How much they will need depends on how disabled they are and how far they have succeeded in acquiring substitute skills for things they cannot do in the "normal" fashion. Sophistication in accepting or rejecting assistance is a social skill of extreme importance to a disabled adolescent. Counselors may need to tactfully advise their clients that they must learn how to graciously but firmly refuse offers of help they do not need and how to accept without embarrassment assistance they realistically require. How students handle this issue is a measure of their emotional and social maturity.

- The disabled young person's yearning for "normality" may cause him/her to deny very real dependency needs. Desire for acceptance by able-bodied peers may be a major factor in such an attitude. Fear of rejection may prompt a disabled adolescent to hide or deny his/her need to rely on a prosthetic device, an aid, or a treatment regime of regulated activity, diet, medication, and rest. The partially sighted student may be reluctant to use a low vision aid. The student who has diabetes or cystic fibrosis may neglect taking medication. The student with epilepsy may go drinking with buddies.

- Another factor may also be at issue. Students' stubborn refusal to admit dependency needs may be an attempt to assert their independence from all authority figures. Just as some adolescents may rebel against going to church or synagogue (primarily because such attendance is what their parents expect them to do), so may they provoke a home or school confrontation by obstinately refusing to use prostheses or take medication.

It is not necessarily "bad" to depend on others or to receive help. Everyone has dependency needs to some extent. The conflict created by disability in adolescence is that the need to lean on others recalls the childhood helplessness of one's past rather than the adult independence presumed in one's future. The disability-related dependence-independence conflict is exacerbated by the adolescent dependence-independence conflict. Counseling toward recognition of legitimate dependency needs may then be a paramount task for the counselor.

The search for identity in adjustment to physical disability

The transitional stage between childhood and adulthood is not the only overlapping situation facing the disabled adolescent. Wright (1960, pp. 16, 183) stresses that the person with a disability may be subject to two different and often conflicting situations at the same time. On the one hand, being considered a disabled person by oneself or others, one is subject to the behavioral mores and expectations of the disabled group (disabled determinants of behavior); on the other hand, one's wish or the expectations of others to be "just like everyone else" predisposes one toward "normal" patterns of behavior.

When the "normal" and disabled determinants of behavior are incompatible, then inconsistent, exaggerated, or self-deprecating behavior and feelings result. For example, a young woman with impaired hearing may show inconsistencies in her use of a hearing aid when she wants on the one hand to act as though she were nondisabled (normal determinants) and yet also wants to wear her prosthesis in order to participate in conversation (disabled determinants). A person may feel enormous aversion toward his/her braces. Or exaggerated behavior may be evidenced when a disabled person refuses help offered out of ordinary courtesy. (We have used the verb "may" here because the same overt behavior may be due to divergent factors. A person may refuse ordinary courtesy, not necessarily because of conflict concerning overlapping situations, but because the person may want to take every opportunity to learn on his/her own.) For the adolescent, as for disabled persons of all ages, the conflict engendered by overlapping situations will be reduced to the extent that the person has stripped his/her disability of shame and inferiority. The conflict which remains is that imposed from the outside, in which case the individual's rebellion is against those forces instead of against the self (Wright, 1969, p. 185).

The ambiguity imposed by the nondisabled-disabled overlapping situation may also manifest itself in the disabled person's choice of friends and associates. In the search for identity, the disabled adolescent faces a dilemma common to minority groups -- the degree to which s/he will psychologically accept or reject membership in the minority classification to which s/he is assigned because of physical disability:

> *The physically disabled often find it difficult to identify themselves with the nonhandicapped, whom they may regard as a group whose lot in life is more fortunate than their own. On the other hand, there are disabled persons who have learned that, although they may discover advantages in identifying themselves with others who are also physically handicapped, such identification may seriously restrict their activities and social contacts to an extent that leads to personal conflict and frustration.* (Abt, 1971, p. 8)

The identity road of disabled adolescents may take many paths. Some adolescents may militantly enter the "disabled" world and exclude at least temporarily any contact with the "nondisabled" world. Others may vehemently avoid any association with disabled persons and attempt to "pass" as able-bodied individuals. Schlesinger (1972) notes that "the most successful identifications may occur in those individuals who accept the differences imposed by color, language, or minority group mores. The successful individual may thus live in many worlds; the alienated individual may be a stranger in all" (pp. 23-24).

The either/or dichotomy is, in general, limiting. Postsecondary education and competitive employment will usually require affiliations with nondisabled persons. On the other hand, affiliation only with the nondisabled forestalls association with disabled persons who can serve as effective role models, as sources of information, and as sources of support for sharing mutual problems and interests. In counseling, then, a goal may be to help disabled adolescents avoid the either/or dichotomy.

Adjustment to adventitious disability

Problems facing adventitiously disabled individuals may be different than those facing individuals disabled at birth or early in life. With later onset of disability, the pre-trauma developmental patterns of the individual are unaffected by disability; however the disability (if severe) will almost inevitably impose a blow to one's aspirations and already established life style.

A person's pre-disability personality is a crucial factor in adjusting to adventitious disability. One's "person" is the repertoire of habits, the personality style, and the reward system that characterized one prior to the disability. Even traumatic injury will generally not affect one's basic personality structure. In the words of Trieschmann (1974, p. 558), "who [one] was before the disability will not be all that different from who he is afterwards. Broadly speaking, if the person copes with life successfully prior to injury, he is likely to cope with the disability. Lack of coping or marginal coping premorbidly is a poor prognostic sign."

Trieschmann adds that the key to coping with one's disability is to receive enough satisfactions and rewards to make life worthwhile. Rehabilitation is the process of learning to live with a disability in one's own environment. This process begins with the onset of disability and continues throughout the person's life. Rehabilitation does not end at the moment of discharge from the hospital but rather begins when the person practices the techniques s/he has learned in the hospital and applies them in coping with his/her own world (p. 556).

When disability is incurred after early childhood, attitudes of persons towards their own disability will depend in part on the attitudes they have held previously, on their own stereotypes of disabled people. If they have viewed disabled persons as afflicted beings incapable of doing much of anything for themselves or if their value structure is one that places a premium on physical attractiveness or physical fitness, their adjustment to disability may be difficult indeed.

In facilitating adjustment to disability, one must consider not only an individual's pre-disability personality and psychological reactions to the disability, but also the total environment in which that individual operates. Reactions of others towards the newly disabled person are extremely important. The family, hospital, school, and employment systems all may affect the process of resocialization, a process that may need to evolve over a considerable period of time. If parents, siblings, peers, or teachers start treating the newly disabled person in a condescending or pitying fashion, the individual's reaction to the disability is likely to be poor. The attitude of counselors and medical-related personnel is also crucial. As Hardy and Cull (1974) note:

> *Professionals can react to the client from an anatomical orientation (what is missing) or a functional orientation (what is left). The anatomical orientation is efficient for classification purposes but is completely dehumanizing. The functional orientation is completely individualistic and, as such, enhances a client's adjustment to his disability.* (pp. 78-79)

Adventitious disability will frequently necessitate a readjustment of the self image. A "mourning period" can be expected to follow traumatic disability, a time in which the person must restructure his/her body image, and possibly his/her life. Cholden (1958) speaks of the adventitiously blinded person as dying as a sighted person and being reborn blind (p. 19). It is an oft-quoted concept that specialists in vocational rehabilitation consider to have validity for other disability categories as well. A number of studies in the field of spinal cord injury have suggested that the disabled should go through a period of depression or "mourning" in order to "work through" grief over their loss. If such a reaction is not evident, the person is said to be using denial as a defense mechanism against depression. This denial or failure to face up to the effects of disability is thought to slow down the rehabilitation process. Not all psychologists in the field of rehabilitation concur with this theoretical framework. Some recent research regarding spinal cord injury has suggested that depression is independent of degree of acceptance of loss, and these findings challenge the assumption that depression, and, by association, the requirement of mourning are prerequisites for psychological adjustment to disability (Cook, 1976).

Researchers and practitioners in the field of rehabilitation are in agreement, however, that following onset of disability one's self concept and goals may need re-evaluation. Severe injury may make complete recovery to a pre-disability state impossible. Thus, if the disabled person had important sources of satisfaction that could only be attained prior to the disability, these may need to be given up actually and emotionally while consideration is given to new sources of satisfaction. Under these circumstances rehabilitation success is dependent upon: (1) the person's ability to adaptively master the emotional stress which is a frequent accompaniment of physical disability; (2) his/her ability to renounce or modify highly valued activities, future plans or relationships; and (3) his/her ability to implement feasible new plans and actions. The person must replace lost hopes with realistic alternatives or make other emotionally satisfying choices, a process involving an active exploration of possibilities and often requiring cooperative relationships with rehabilitation personnel (Heijn & Granger, 1974, p. 27).

In brief, the person who becomes severely disabled must adapt, in various ways, his/her former self. One's aspirations, one's interpersonal relationships, one's body image, one's concept of self, and one's relationships to the physical world may be strongly affected, if not completely changed. A disabled person may refuse to accept his/her disability for a number of reasons Perhaps s/he cannot accept the handicap because it is seen as a form of punishment for his/her sins. Another may feel it means an end to his/her acceptance by society as a valid person. Another is traumatized by the economic or educational problems of disability. Still another cannot accept the disability because of resentment about feelings of pity s/he believes the nondisabled feel toward him/her.

However, it is basic to any rehabilitation that one accept the change in self. Acceptance of the change must exist before one can effectively accomplish all the new learning that is essential for one's future development. The counseling process is one means which may be used to assist the newly disabled person in reorienting his/her self concept (Jordan & Hunter, 1960, pp. 210-214)

SEXUALITY & FAMILY LIFE

A crucial issue confronting counselors serving physically disabled adolescents is to help them develop a confortable sex role identity, for a problem facing disabled adolescents is society's all too frequent proclivity to deny their sexuality. Margaret Morgan, a British expert on cerebral palsy has commented that "most people seem to prefer to think of the handicapped as perpetual 'Peter Pans', who remain appealing and dependent children... This attitude also extends to the sexual development of handicapped people.

... It is very difficult for many of the 'normal' general public to face and accept the mature sexuality of people who are physically damaged in one way or another." A striking example is the true experience of a blind man who went into a drugstore to buy condoms. The clerk asked in all seriousness: "What do blind people use them for?" That such infantilization can be demoralizing to even the best adjusted individual should be obvious (Dickman, 1975a, pp. 4-5).

Such attitudes are not limited to the general public. Dr. Theodore M. Cole (1972) has said, "... Of all the things parents [of disabled children] talk about, the most distressing thing is the discussion of their child's sexuality." Parents' denial of their child's sexual future may have the following unfortunate net results:

> *Convinced that no "normal" sex life is possible for their handicapped son or daughter, parents may attempt to avoid discussing sex, may censor what is viewed or read, to prevent the development of "unsatisfiable" aspirations. Many parents of a retarded or disabled child simply cannot accept the idea that he or she will one day be an adolescent -- with all the normal biological urges of an adolescent. These parents deny their youngster's sexual nature from the earliest years. And like many people, they tend to equate sexuality with physical attractiveness.*
>
> *This overprotectiveness -- and specifically the failure to deal with sexual matters -- does often succeed in preserving the child's ignorance; but it also delays or aborts identity-formation and may warp the child's self-image.* (Dickman, 1975a, p. 7)

One's sense of humanity and sexuality are integrally related. As Alex Comfort has written in his foreword to Sexual Options for Paraplegics and Quadriplegics (Mooney, Cole, & Chilgren, 1975), "the disabled are people and people are sexual." Physically disabled people do have physical and psychological heterosexual relationships, do marry, and do conceive and bear children despite society's and sometimes their own family's inability to accept this. Even if the person will not marry or bear children, sex education is critical.

> *Sex education is not just a manual for marriage, it is, first of all, extending a helping hand to the growing young person who has to determine his atti-*

> *tude to his own often oppressive sexual feelings, and then integrate them into his total emotional pattern, and then into society -- a society so extensively sexualized today.* (van 'T Hooft & Heslinga, 1975, p. 4)

Anxieties and fears arising from ignorance of self and others as valid sexual beings can pose a serious threat to self concept. This ignorance can lead to "neuterization," a term that refers to feelings of sexual inadequacy and incompetence -- almost a nonexistence as a sexual being. The result may be devastating to the development of an individual's full potential. The following reference to visually impaired youth is equally valid for persons with other physical impairments.

> *If others hold wildly-distorted beliefs and attitudes about the sexuality of the visually handicapped person, and these are forced on him until he internalizes them, until his own feelings and attitudes have become distorted, then not only is he considered -- and may consider himself -- less than a complete human being, he may actually become so. At this point he may have been transformed almost into a neuter, feeling sexually inadequate and socially incompetent. Then -- and this is the reality with which parent, teacher or counselor may need to deal -- a youngster may feel himself forever foreclosed from attaining the acceptable socio-sexual life available to others, and from fulfilling himself as a human being.* (Dickman, 1975b, p. 5)

Outright denial of their sexuality is not the only sex-related problem facing disabled adolescents. Frustrations relating to an absence of physical perfection may also be present. Physical growth and change, awareness of biological urges, development of heterosexual friendships, and sexual exploration are normal adjuncts to adolescence. Doubts in the area of sexual adequacy are kept actively astir by the rigid standards of what constitutes appropriate physique, by the preconceived notions as to what the sexual relationship ought to be, by the necessity for postponing marriage long after sexual maturity, and by the fact that any real or imagined physical deviation readily becomes the scapegoat for all personal difficulties. In brief, for all adolescents, be they able-bodied or physically impaired, there is tremendous pressure to conform to the expectations of their peers in terms of somewhat rigid and idealized notions of what is appropriate to each sex.

As Wright (1960) skillfully points out in her inclusion of autobiographical accounts of heterosexual experiences during adolescence, persons with disabilities experience very trying times -- but so do most adolescents. Thus disabled adolescents who are convinced that their difficulties in forming boy-girl attachments are solely a function of their disability would do well to realize that many, if not all, adolescents have problems in this area which may be no lighter than their own. This, however, may be small comfort to the disabled adolescent to whom any deviation from the apparent norm is risky at best. Stereotypes of the physically attractive female and the strong, independent and dominant male may be peer standards that the disabled adolescent cannot meet. This in turn may lead some disabled young persons to consider courtship and eventual marriage as experiences they dare not realistically contemplate. The frustration of many disabled adolescents as they attempt to cope with society's expectations of what is appropriate for an independent sexually mature young adult is cogently expressed in the following statement:

> *Adolescence may be fraught with greater difficulties for blind children. The natural striving toward independence during this period is thwarted by the presence of a dependent disability. The desire for conformity to peer mores is frustrated by a visible disability that precludes any possibility of being like one's peers. The normal concern over a rapidly growing and changing body is intensified when feedback from family, peers, and a mirror is missing. Added to these are the anxieties over whether employment is a feasible goal and whether a suitable marriage partner will be found. The grim realities on which these anxieties are based make them particularly difficult to handle effectively. All these difficulties, while not direct effects of the blindness, must be recognized as critical during adolescence when the young person is striving to become a person in his own right and is struggling with his own identity.* (Scholl, 1974, p. 205)

Information on sexuality may be provided either in individual counseling sessions or in a sex education course. Sexual problems of a highly personal and individual nature may be best dealt with in one-to-one sessions. For example, a young person who has incurred a spinal cord injury will almost inevitably have concerns about sexual functioning. If the rehabilitation center or the hospital has no program for addressing these concerns, the student may turn to the high school counselor for counseling and information. The resources identified in the next section on the sex education and family life course could also be used in the individual counseling process.

Sex education and family life course

The pros and cons of sex education in public schools have been widely discussed in recent years. While we concur that sexuality is a personal matter, we also recognize that many parents are reticent about discussing sexual matters with their children. When such reticence exists, or when parents are confused or misinformed about their disabled child's sexual future, then we feel that the public school can and should (provided there are qualified personnel) contribute to the disabled youth's potential for developing and enjoying a healthy sexual identity.

If the high school has a regular sex education curriculum, the disabled student and his/her parents should decide whether the student will participate in this curriculum. Enrollment in the regular class has the obvious advantage of getting the message across -- to able-bodied and disabled persons -- that disabled persons are, like everyone, sexual beings. As stated by one sex education program, "exposure to the sexuality of the disabled helps to validate the inherent sexual adequacy of all people" (Human Sexuality Program, n.d.).

However, in many instances, enrollment in the regular class may not be sufficient. There may be issues specific to disability, or special teaching strategies that must be used -- that ordinarily would not be part of the regular class curriculum or procedures (for example, tactilely exploring models of the male and female bodies so that blind students can understand where parts of the body are and what the differences are between male and female anatomy; discussing modified procedures that a disabled person may use in taking care of an infant; or exploring feelings about asking a nondisabled peer for a date and being refused). Depending on a number of conditions -- the climate of the regular class, the maturity of the students, the number of disabled students, their needs, and their feelings about their participation in the regular class -- such procedures and issues could conceivably be incorporated in the regular class. However, if the proper conditions are not present it may be preferable to either: (1) enroll the disabled student in the regular class and have special individual or small group sessions specifically for the disabled students; or (2) have a special course for disabled students.

There are numerous excellent materials to expand the educator's awareness, to assist the educator in modifying a regular course or creating a special course, and to provide to students. Among those we recommend are:

Pat Allen and Lee Ann Lipke, Your changing body -- A guided self-exploration. Includes two 40-minute cassettes for student use (one using slang terms) and a guide for parents and teachers. For students ages 10-18. Particularly useful for visually impaired students. The cassettes instruct the student to tactilely explore his/her body in the privacy of his/her bedroom. Students listen to the bodily exploration sequence of the opposite sex as well.

American Foundation for the Blind, Inc., Sex education for the visually handicapped in schools and agencies...Selected papers. Includes papers addressing administrative guidelines for starting a sex education program, implications of blindness in planning sex education, behavior objectives and learning activities, and recommendations for student and teacher materials.

Irving R. Dickman, Sex education and family life for visually handicapped children and youth: A resource guide. Discusses issues and outlines course structure. Applicable to students with other disabilities and to nondisabled students. An excellent resource.

Irving R. Dickman, Sex education for disabled persons. Pamphlet stressing the need for sex education and addressing problems regarding marriage, children, and genetic counseling.

K. Heslinga, A.M.C.M. Schellen, and A. Verkuyl, Not made of stone - The sexual problems of handicapped people. Topics include physiological and neurological aspects of various disabilities which may affect sexual functioning; genetic disorders; psychosexual development; sex education.

Thomas Mooney, Theodore M. Cole, and Richard Chilgren, Sexual options for paraplegics and quadriplegics. Since this book explicitly discusses and depicts sexual techniques, it is likely to be considered inappropriate for use in public schools; however, the book is a sensitive and frank treatment of the subject and could be very helpful for the person with a spinal cord injury. Emphasizes communication, sexual awareness, and sharing the enjoyment of being a sexual person.

The Personnel and Guidance Journal, March 1976. We suggest reading the entire issue which concerns "The counselor and sexuality." Includes an excellent article, "Human sexuality and the handicapped."

Special issue on the handicapped. SIECUS Report, 1976. Includes brief articles on sexuality and the disabled, and on sex education programs for the visually impaired and deaf students. Excellent annotated resource listings for audiovisual and printed materials.

Pamphlets, texts, and bibliographies are available from the following sources*:

Max Fitz-Gerald, Kendall Demonstration Elementary School, Gallaudet College, "Resources on human sexuality and the deaf"

Sex Information and Education Council of the United States (SIECUS)

E.C. Brown Foundation

Family Planning and Population Information Center, Syracuse University

Planned Parenthood Association of Southeastern Pennsylvania

As stressed by many of these resources, school personnel should take the following into consideration when planning and teaching a family life and sex education curriculum:

- Planning and inservice sessions should focus on:
  - Understanding the disabled person as a sexual person
  - The role of parents and schools in developing sexual identity
  - Methods and materials appropriate for students with various disabilities
  - Adapting standard materials for use with students who have a particular disability
  - Integrating concepts and learning activities into the ongoing curriculum (Dickman, 1975, p. ix)
- From the beginning, the cooperation of the school administrators and the school board will be needed: to explain the nature of the program and why it is needed; to avoid misunderstandings; and to arrange a budget for instructional media and materials, for in-service training of staff, and for consultation.
- As Kempton (1975, p. 533) points out, parents must be involved because:
  - Their permission to enroll the child in the course will be necessary
  - They are allies who can reinforce at home what is being learned in school
  - Their attitudes affect their children's attitudes and adjustment
  - Constant communication will eliminate misunderstandings
- Dickman (1975b, p. 10) suggests that parents participate in workshops covering:
  - Physical and emotional growth of children and youth

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* See Appendix 1 for addresses.

  - Dealing with children's sexual questions and concepts
  - Scope of a family life and sex education program from childhood to young adulthood
  - Instructional materials
  - Ways in which the home can build on the school program and vice versa

- The topics to be addressed may be as varied as dating, marriage, menstruation, sex, reproduction, pregnancy, labor, birth, child care, and death. Dickman's manual proposes five developmentally structured areas with related learning activities:
  - Self identity
  - Physical and emotional growth
  - Human reproduction
  - Interpersonal relations
  - Decision-making

- The course should not merely deal with information, but should help the student develop a comfortable sexual identity.

- The individual who teaches the course should be a qualified sex and family life educator, who possesses counseling as well as teaching skills, and who is knowledgeable about issues relevant to physically disabled young adults. Other qualifications for a sex educator, as delineated by the American Association of Sex Educators and Counselors (Dickman, 1975a, pp. 8-9) are that s/he
  - Has a healthy attitude about his/her sexuality
  - Is sensitive and empathetic toward others
  - Can relate openly and honestly to students but still remain appropriately professional
  - Can create a climate for expression of feelings and opinions without censure
  - Respects the right to confidentiality
  - Is knowledgeable about human sexuality (sexual development, sex and gender, sexual behavior, reproduction, cross-cultural attitudes, marriage and the family, sex and mental health, and sex and ethics)
  - Is trained in appropriate attitudes and professional behavior

- Useful resources for the course are physically disabled persons who can share their feelings and experiences on sexuality, dating, family life, and child care.

- Genetic counseling may be an important issue for students who have disabilities that are hereditary. While the teacher is not expected

> to be an expert on this subject, s/he should identify the issue in the class and be aware of referral services for genetic counseling (e.g., physician, clinic, Planned Parenthood).

We are aware that many states prohibit sex education in one way or another, for example, laws against teaching about contraception. Though we are not encouraging illegal activity on the part of counselors and educators, we would be remiss in ignoring a very real issue for adolescents -- that of sexual identity. If laws or local custom prohibit sex education classes in the public school, referral to an outside agency (with permission of parents) or student/parent/school staff advocacy efforts may be the only options open to the counselor -- and to the physically disabled student.

DEVELOPMENT OF INDEPENDENT LIVING SKILLS

> *A former student of mine, now 21 years of age, visited me several weeks ago and he very clearly told me what a rotten job I had done as his teacher in preparing him for young adulthood....*
>
> *I can tell you what I did as a teacher, and what my 21-year-old former student reminded me that I did. I helped that student in algebra, social studies, ancient history, and in English, and completely neglected because of lack of time the social, recreational, and independent living skills needed by him in order to exist as a young adult.*
>
> *I do not assume the responsibility alone, because I was doing what all of my colleagues were doing. However, that does not excuse me from the fact that many of the students whom I taught as children are now young adults who find themselves incapable of living alone, independently, in an apartment; who find themselves incapable of employment; whose interest is not in continuing at the college level; and who are seeking alternatives to living at home, to working for a living; and meeting frustration, failure, discouragement, despondency at every step.* (Hatlen, 1972, p. 35)

At least minimal competence in all areas of personal management must be attained before independent living is a realistic goal. Some severely disabled adolescents will have already achieved a high degree of competence in most or all of these areas; others will not. All persons are dependent upon others to some extent and the severely physically impaired person may be more dependent than his/her able-bodied counterpart in the economic sphere or in the management of certain self-care needs. The functional independence of most disabled adolescents can be increased, however, and it is the responsibility of the guidance and instructional staff to help structure the educational environment so that the student has the opportunity to develop his or her self-care skills to the greatest extent possible.

A young adult who expects others to handle self-care needs that s/he could actually manage by him/herself, whose grooming and social skills are noticeably deficient, who (although physically capable) has never learned to drive a car or to use the public transportation system, who cannot cook, shop or do simple household tasks, will be occupationally and socially handicapped to a far greater extent than his or her physical limitations may warrant.

As indicated in Figure 3, personal adjustment training refers to the acquisition of information and basic skills related to satisfactory personal-social functioning. The counselor can obtain information regarding a student's abilities and limitations in these areas through interviews with the student and his/her parents, through direct observation, and through the use of such evaluation instruments as the Vineland Social Maturity Scale. Through the use of a checklist delineating necessary personal-social competencies, the student and counselor can together identify the knowledge and skills that need to be acquired. The guidance and instructional staff can then plan an individualized personal adjustment training program using classroom instruction, small group seminars, physical and occupational therapy sessions, or a life skills center approach.

Parent cooperation is an important feature of a viable personal adjustment training program. Parents should be informed on both a group and individual basis of the program and should be encouraged to structure the home environment so that the student has an opportunity to use at home skills s/he is acquiring in a school setting. Where parents are overly protective (or too demanding) parent counseling can assist parents to develop more realistic expectations regarding their disabled son or daughter (see Parent Involvement, pp. 382-388).

FIGURE 3

PERSONAL ADJUSTMENT TRAINING AREAS OF PREPARATION*

Areas	
Communication skills	Vocabulary development, writing, reading, manual sign language, fingerspelling for hearing impaired
Computational and other related skills	Arithmetic, measurements (time, temperature, weight, etc.), map and graph reading
Mobility skills	Locomotion skills, driving a car, using public transportation
Self-care skills and personal hygiene	Use of prostheses, eating and toileting skills, medical care, grooming, etiquette, cleanliness, mental health
Marriage and family	Sex and reproduction, legal aspects, courtship, child care, responsibilities
Citizenship	Voting, police, government, social security, law
Leisure	Social organizations, clubs, church, hobbies, recreation
Independent living skills	Leases and contracts, housekeeping, nutrition, laundry, budgeting, safety, taxes
Consumer services	Purchasing, credit buying, interest and charges, banking, insurance
mmunity services	Post office, transportation

It should be noted that many of these areas of preparation should be the responsibility of regular and/or special education teachers; others may be in the realm of the physical and/or occupational therapist. The primary role of the counselor is to see that the ability of the student in these areas has been adequately diagnosed and subsequently to serve in a liaison role to see to it that the student receives training when needed from school and/or community agency personnel.

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* Adapted from Brian Bolton (Ed.). *Psychology of deafness for rehabilitation counselors*. Baltimore: University Park Press, 1976, p. 141. Reprinted with permission.

Resources that can be used in implementing the various components (delineated below) of a personal adjustment training program are:

> Gini Lauri and Donna McGwinn, Housing and home services for the disabled. Discusses housing, kitchen and bathroom adaptations, attendant care, and various types of living arrangements. Includes experiences of severely disabled individuals to provide insight into their individual methods of coping with various self-care and housing problems.
>
> A step-by-step guide to personal management for blind persons. Describes techniques for personal management in the areas of homemaking, hygiene, grooming, social graces, and clothing. Also available in braille.
>
> See also Educational Planning, pp. 189-190, 205, and 214.

Information giving

This includes classroom instruction in regular or special education, consumer education, homemaking, and family living courses or seminars. This information can also be provided on an independent study basis.

Physical and occupational therapy

Often physical and occupational therapies are terminated before the individual reaches his/her teenage years, and the disabled adolescent may be without certain skills necessary for independent living. If such is the case, therapy should be provided either through the school district or through a community agency. It is the responsibility of the counselor to help arrange for such therapy sessions when needed and to suggest to the therapist skills that need to be developed. It should be noted that not all physically disabled adolescents will require therapy, but it may be beneficial to some individuals.

Therapy can be especially helpful for developing self-care skills (eating, toileting, bathing, grooming, mobility, etc.) and skills required for recreational pursuits. As Hadra (1966, p. 450) points out, the adolescent with a physical disability may play the role of an outsider rather than a participant. During this phase of his/her development, it is of utmost importance to provide the person with psychological support and, if possible to aid him/her in achieving skills in specific areas of interest -- whether it be cooking, riding a bicycle, applying make-up, or learning to type.

Although modifications of standard techniques may be necessary, a highly motivated student should encounter few obstacles to learning. If the adolescent is one who has withdrawn into a passive role, it becomes the task of the occupational therapist to attempt to motivate the young person to attain those independent living skills which can be realistically accomplished.

Instruction in use of prostheses and special aids and devices

Such instruction may be provided on an individual or small group basis. Instructors of visually, hearing, or orthopedically impaired students may be able to conduct such sessions or students can be referred to community agencies. In some instances, one-to-one assistance by a disabled peer or adult residing in the community may be a possibility. Names can be obtained from organizations of and for the physically disabled or possibly from the local VR office. Instruction by individuals who are themselves disabled has the advantage of increasing the student's contacts with persons who have learned to cope effectively with a physical disability.

Individualized assistance

If the physically disabled young person needs to improve grooming, posture, and so on, the teacher or counselor should not hesitate to make suggestions -- courteously and privately. If necessary, someone whom the student likes and trusts should help with practice of the needed skills, in private, until proficiency is attained.

Instruction in mobility skills

It is imperative that the student have maximum ability to move freely within the school and community environment. The counselor should be aware of this need and take the initiative in arranging for appropriate learning experiences. Suggested components of such a program include:

- Driver training: Many disabled students are capable of learning to drive an automobile. Ability to drive is a tremendous social and occupational asset. Physical limitations per se should not preclude qualified students from receiving driver training while still in school. If school instruction is not feasible, however, the student should be aided in making other arrangements for instruction. (For further information on driver training, see Educational Planning, pp. 186-187.)

- Use of public transportation: Disabled adolescents may have had little or no experience in using buses, taxicabs, and other forms of public transportation. If the student is physically capable of using public transportation, field trips and individualized instruction can provide opportunities for acquiring competence in this area.

- Special instruction for visually impaired students: Many visually disabled students may profit from mobility and orientation instruction. Dependence on a sighted guide should be avoided whenever possible. Mobility and orientation instruction is essential for incoming freshmen and transfer students. The counselor may find that other students also need a refresher course. Training sessions, whenever possible, should be conducted prior to the opening of school. If there is no mobility and orientation specialist on the school or special education district staff, the counselor should contact the local VR office or a community rehabilitation agency (e.g. Lighthouse for the Blind). If resources permit, instruction should be expanded to mobility and orientation in the larger community.

Life skills center

Instruction in a classroom setting or a therapy session may provide the student with information and skill practice in various facets of independent living. These are nevertheless artificial environments and all too frequently the student may not maintain and improve on the skills s/he has at least tentatively acquired.

A life skills center is one way that the public schools can help students learn and retain independent living skills. Hatlen et al (1975) indicate that such a program should not be in a traditional school environment with classrooms, dormitories, and prescribed instructional periods but should provide a real experience in independent living, duplicating, as nearly as possible, life in the community. Under such a program a small group of students actually live for a short term (e.g., six to ten weeks) in an apartment complex or mobile unit under the supervision of qualified adults who provide individualized instruction. The student's senior year (including the summers before and following graduation) is an appropriate time for the skill center experience.

Areas of instruction for each participant can be determined by using a checklist of functional capacities in such areas as: preparing food, dressing and undressing, bathing, toileting, shopping, and housecleaning.

Students indicate whether or not each item is a practiced skill. If the student indicates that s/he does have a particular skill, the individual must then demonstrate it to the satisfaction of the staff. By this process, a "needs" profile is established for each participant. Students should receive a copy of the profile so that they will know precisely the areas in which they need instruction. They then go on to plan their individual instructional programs with the center staff. Active student involvement in determining training priorities is essential if growth in decision-making skills is to be achieved.

DEVELOPMENT OF RECREATIONAL INTERESTS AND SKILLS

Approximately one-half of our waking hours are spent in non-working activities. Avocational interests, like their vocational counterpart, can flourish only when appropriate opportunities and experiences are provided. Because of experiential deprivation (engendered by lack of contacts with peers, architectural barriers which make attendance at social or cultural events difficult), many physically disabled students do not have well-developed avocational interests (Bolton, 1976, p. 140). It is the responsibility of the counselor to help the student to acquire recreational interests and skills. Even a severe physical disability need not preclude a number of group and solitary activities of interest to the individual. Team and individual sports, school publications, special interest groups, honorary and service organizations, vocational organizations, and hobbies that can be pursued on a solitary basis or with a few friends are all options for meaningful leisure time pursuits. Since most of these activities are group situations, they also serve as a vehicle for training and experience in social interaction with peers, school personnel, and members of the community.

Garrett (1966, pp. 632-633) notes that avocational pursuits may serve an especially important function for the disabled individual. An avocation is personally determined, and as such it usually meets some felt need, whether conscious or unconscious, and thus brings a balance to one's existence. Avocations may offer an excellent route for achieving certain satisfactions which may be otherwise denied. Few individuals, whether physically impaired or not, have an all-absorbing job. Therefore, many of their satisfactions must come from elsewhere, either through social contacts or through avocations or hobbies. Since a full measure of ordinary social contacts may be denied to some severely physically disabled individuals, avocations loom large as a source of balance and satisfaction.

The following agencies may be used as resources regarding information and assistance and as sponsors of group activities designed to meet the social and recreational needs of the disabled adolescent:

- Local VR office; local rehabilitation agencies
- Organizations of and for the physically disabled
- Associations of disabled students at nearby colleges and universities
- Park district recreational programs for the physically disabled
- Day and residential camps for the physically disabled

(For further information see Educational Planning, pp. 185-186 and consult the State Resource Section.)

Strategies the counselor can use to promote recreational interests and skills include:

- Information giving: Use group and individual sessions to discuss leisure time pursuits available in the school and community. Activities and organizations open to all students or those specifically designed for persons with physical impairments (e.g., wheelchair basketball, Junior National Association of the Deaf) should be identified. Descriptions of park district programs and summer camps for students with a specific disability should also be mentioned. Information giving should not be limited to facts about organizations; students may believe that their physical limitations preclude their participating in certain activities. The counselor should arrange for resource speakers (preferably a disabled adult or adolescent) who can discuss and demonstrate special techniques, aids and devices that can assist the individual in engaging in a variety of hobbies and other recreational pursuits. If a nearby college or university has a number of disabled students in attendence, this may be an excellent source of young adults willing to share their expertise with others. Group activities with disabled high school and college students in attendance may be another possibility.

- Guidance: Have student prepare a personal recreational profile, using a checklist to delineate interests and avocational skills s/he now possesses. Use this information as a basis for discussing both group and solitary activities and hobbies the student might wish to pursue.

- Instruction: Arrange for specific instruction in recreational skills (photography, bowling, crafts, indoor games, etc.) on an individual or small group basis. Instruction in team sports or individual athletic activities can be provided in regular or modified physical education courses. Organizations whose membership is limited to the physically disabled can be used to introduce the adolescent to specific recreational skills. Once minimal competency is achieved the student will be in a better position to pursue recreational interests with his or her disabled or able-bodied peers.

  An excellent resource on recreational activities for severely disabled youth is:

  > Vocationally oriented school planning for the handicapped. Section 2, pp. 11 - 105, describes various activities (such as dance, games, crafts, sports, and music) and modifications that may be necessary for students with various disabilities.

- Cultural program and field trips: Many disabled adolescents will have limited experience in cultural areas. Cultural interests can be stimulated through audiovisuals (records, tapes, films, captioned films) and visits to museums, art galleries, and historical sites. Classroom instruction, school-time field trips, and after school extra-curricular activities can all be used to provide this cultural stimulation. Special assistance may be required if some severely disabled students are to benefit from cultural field trips with their nondisabled peers. This is not limited to physical arrangements (special transportation). An especially assigned "guide" may be of equal importance. A student or adult volunteer with previous experience in serving the disabled may be needed to serve as interpreter for the hearing impaired or help the visually impaired person "observe" what others can see. Not all disabled students will need such special assistance, but it should be available for those who do. A resource for school personnel and students is:

  > The National Arts & Handicapped Information Service. See National Resource Section for additional information.

INTERPERSONAL RELATIONSHIPS

Poor interpersonal relationships may be a problem for some physically disabled adolescents. This problem may manifest itself in any number of ways -- from extreme shyness, to hostility, or childish behavior. Unless modified, maladaptive behavior -- and the resulting social ostracism -- can exacerbate a negative self image, will make social integration into a regular class setting much more difficult, and may greatly reduce the young person's opportunity for gainful employment upon termination of his/her schooling.

Some students who exhibit maladaptive behavior may have severe adjustment problems rooted in disturbed family relationships and/or in an inability to accept and realistically cope with the disability. These young people are likely to need intensive and long term therapeutic services such as those provided by a private practitioner or community agency.

Other students who exhibit maladaptive behavior may not have severe adjustment problems, but rather may be what is called "socially immature." Social immaturity is described by Levine (1956, p. 146) as involving "a substantial lag in understanding the dynamics of interpersonal relationships... a markedly constricted life area..." Social immaturity may be the direct result of a motor or sensory impairment which has limited an individual's experiences in the social realm. The average child hears, sees, and moves freely in the environment; in the child's growing years s/he builds up a backlog of observations and experiences which broaden and influence his/her choices of behavior and roles. The world of severely disabled young persons may be much more circumscribed and consequently they may lack opportunities to learn social skills. It is the responsibility of school personnel to help disabled students overcome this experiential deficit.

Strategies to promote interpersonal skills and social integration

Strategies the counselor may use to promote personal-social growth and to enhance the likelihood of social integration include:

- Establish a behavioral contract with a disabled student to help him/her overcome specific deficiencies which are a deterrent to adequate interpersonal functioning. In recent years behavioral contracts have been successfully used with disabled/disadvantaged adolescents in a variety of school and agency settings. Contracting is a technique used to structure behavioral counseling by making each of the necessary elements of the process so clear and explicit that they may be written into an agreement for behavior change that is understandable and acceptable to everyone involved (DeRisi & Butz, 1975, pp. 1-2). It is also a means of scheduling the exchange of positive reinforcements (rewards or desirable events) between two or more persons. In short, contracting is a method of insuring that each party to the agreement - parent, teacher, student, etc. - obtains an acceptable number of those rewards (including behavior change) that please him/her.

For further readings in the area of behavior therapy, frequently termed behavior modification, consult:

> William J. DeRisi & George Butz, Writing behavioral contracts: A case simulation practice manual.
>
> K. Botterbusch & T. Esser, A selected annotated bibliography of books on behavior modification.

- Encourage students to learn social skills in a structured, nonthreatening environment. Group counseling (see below), specially organized clubs for the disabled in a school or community agency setting, and participation in "regular" clubs and activities (Scouts, 4-H, band, yearbook, photography club, etc.) are examples of such an environment. Enrollment in vocational clubs and participation in work experience programs also provide opportunities for the disabled student to gain in social as well as occupational maturity (see Career Development, pp. 258-264).

- Provide orientation sessions for incoming students focusing on extracurricular activities and how disabled students can effectively cope with the social demands of a mainstreamed educational setting. Previously mainstreamed students should be invited to participate in these sessions as should nondisabled students and student government members. Topics to be discussed might include:

  - Available extracurricular activities.

  - How to explain to other students about your physical impairment and how you function as a disabled person. Students and adults alike may be grossly ignorant as to what a disabled person can do. Unless enlightened, misunderstandings are bound to arise.

  - Problems that arise in going from an accepting (special education) to a potentially non-accepting (mainstreamed) environment. Able-bodied students may be prejudiced against disabled persons or may feel ill at ease around them. They may react by being hostile, by teasing, by being obnoxiously curious, or by ignoring a disabled schoolmate. Role playing and a follow-up discussion may help desensitize disabled students to such adverse reactions and will enable them to try out various responses in a supportive and nonthreatening environment.

In some cases this may not be sufficient. If social integration is to be truly effective, disabled adolescents may need to both modify their own behavior and concurrently develop approaches that will help the nondisabled to modify their behavior. In one junior high school experiment (Rosenberg & Graubard, 1975) mainstreamed youngsters were taught behavior modification techniques to use with their peers. The youngsters chosen for the experiment were not socially accepted and were the recipients of frequently hostile behavior from other students. Youngsters taking part in the experiment were taught to consistently ignore insults and other forms of negative behavior and to praise positive behavior when it did occur. Through the use of these intervention techniques, the behavior of their classmates was significantly improved.

- Promote opportunities for social interaction between disabled and nondisabled students. These can include:
  - Systematic use of student volunteers in the classroom/laboratory (e.g., readers for the blind, tutors, buddy system, etc.). This can have beneficial social as well as educational effects as it promotes a structured one-to-one relationship between disabled and nondisabled students.
  - Pal program. In this system an upperclassman volunteers to be assigned to a disabled student who is new to the school or to one who is having social difficulties. The older student is responsible for helping orient the disabled individual to his/her academic and social environment. The big brother or sister can be either an able-bodied or disabled student. If rapport is established, the new student may ask the "buddy" questions s/he would be hesitant to ask a teacher or counselor. Meeting other students will be facilitated and the disabled student may be encouraged to join a school club or engage in other school activities. Frequently the new student will "model" his/her behavior after that of the "buddy", thus facilitating personal-social growth. Very often the effect of such a one-to-one relationship is bilateral. A student thinking of pursuing a career in the helping professions or even a student who has led troublesome activities in the past might respond well to the responsibility of being a big brother or sister to a disabled student.
  - Manual communication course for hearing students. Adolescents are often fascinated with alternative modes of communication. Manual communication has proven to be a popular noncredit course in a number of schools having a sizable enrollment of hearing impaired students. This facilitates communication between deaf and their hearing classmates, thus helping to break down social barriers.
  - Special programs to foster the intermingling of disabled and nondisabled students. Ideas that have been successfully used by

some schools include:

  - Exhibit by blind students of paintings, sculpture, handicrafts, or objects made in a shop or metal class.

  - Non-oral performances by deaf students; for example, a mime show or the signing of popular songs to the accompaniment of music.

  - Co-sponsorship of a service project by a club for disabled students and another school organization. Working together on a common endeavor may promote friendships that will continue after the project is completed.

- Programs to help nondisabled students become more aware of the abilities and needs of their disabled schoolmates. To be included should be: factual information (audiovisuals such as "What do you do when you see a blind person" or disabled resource speakers are preferable to teacher-counselor lectures); the effect of architectural barriers and how they may be eliminated; simulation activities that can help promote understanding of the daily problems faced by the disabled. Incorporating these activities in a science, English, or social studies course will be more effective than presenting a one-shot assembly program.

  A number of easily replicated simulation activities are described in the following resource:

  > Vocationally oriented school planning for the handicapped. See pp. xxx - xxxiii.

GROUP COUNSELING

Since many problems encountered by disabled adolescents are interpersonal in nature, the group setting is a logical vehicle for the counselor to use in helping to solve these problems. Group counseling in the schools is a technique used with a relatively small group of students (6-10) and with the emphasis on individual growth and development resulting from the group experience. It is concerned with the feelings and attitudes of students about themselves, others, and the world in which they live. Thus defined, group counseling is not everything that is done in groups in the schools -- it is not group guidance (the orientation of which is cognitive or intellectual in nature), nor the teaching of nonacademic subject matter, nor the providing of educational, occupational or social information to students. Group counseling is personal, centering upon the individual and upon the interrelationships of group members. Group members may use the group interaction to increase understanding and acceptance of values and goals and to learn and/or unlearn certain attitudes and behaviors. (Patterson, 1967, pp. 337-340; Duncan, 1974, p. 28; Gazda, Duncan & Meadows, 1967, p. 305)

It is important to note that group counseling does not replace individual counseling but may be a useful adjunct to it. Although some students may benefit more from a group, others are helped best by individual counseling. Some need or can benefit from both.

There are a number of advantages to the group counseling approach. From the counselor's perspective, it gives one the chance to see students in a broader and more active social setting than individual sessions provide. It may be advantageous for the student for a number of reasons:

- Adolescence is characterized by a need for group acceptance and group identity. At this developmental stage support from one's peers may be of greater value than support from an interested adult. Group counseling meets the need of youth for an opportunity to share ideas with their peers. Moreover, it may help them to explore and define various roles and to develop independence, not only from adults but from the conformity of adolescent society. The latter can be especially valuable to some physically impaired young persons faced with the literal impossibility of conforming to certain peer standards.

- Group counseling can promote self esteem by allowing the participants to give help as well as to receive it. To the disabled student, it can be a very positive and unique experience to have his/her opinion sought or praised -- to have someone depend on him/her for advice.

- Group counseling can enable participants to: gain greater social skills in talking and relating to peers; find out how others perceive things; share concerns, problems, values and ideas with others who are facing similar situations; and get several persons' reactions to one's problems and concerns.

- The group represents a relatively protected social situation in which one can relate to others. This can be especially beneficial to those disabled students whose environment has prevented them from adequately testing or developing interpersonal skills. Often acceptance by one's peers in a counseling group will provide the student with the support s/he needs to ineract positively with other peers outside the group setting.

The group can be an effective milieu for the student who has difficulty expressing feelings, for it may be less intense than a one-to-one counseling situation. Often a silent participant's feelings are expressed by others. Through the group's use of these expressions, the individual may eventually feel safe in expressing him/herself. Even those participants who remain relatively quiet through the sessions can receive help. One-to-one counseling requires that the client take an active role.

- In group counseling, the possiblity of a "you're not in my shoes" reaction may be reduced. In individual counseling, a student may say to the counselor, "You couldn't possibly understand. You're not confined to a wheelchair." In a group this reaction can be dealt with by participants (who are in the "same shoes") responding to each other.

- The group can provide a sheltered situation where the student can obtain constructive feedback about his/her behavior. The group setting may be appropriate for dealing with the issues such as the following described by Thompson (1964). While he is referring specifically to the deaf student, his conclusions may be equally applicable to persons with other disabilities.

> *There is a need to develop within the deaf student more adequate logical thinking with respect to the causes of his own psychological and social problems. I have been told frequently by deaf pupils in counseling sessions that they cannot do something because they are deaf or that hearing people behave towards them in certain ways because of the deafness. In reality, the causation of certain problems should not be attributed to the deafness but to the individual himself as a human being. There is a marked need in the thinking of many deaf students for a better differentiation of their problems in terms of whether they are directly related to deafness per se or to themselves as individuals.* (p. 513)

In conducting groups with disabled adolescents the counselor should adhere to the following guidelines:

- Groups should meet on a regular basis (once or twice a week). Optimally the length of each session and the total number of sessions held should depend on the needs and wishes of the group members. Transportation schedules of disabled students often will preclude holding sessions before or after school. Study periods, resource room periods, activity periods or an extended noon hour may be possible time slots. In selecting a meeting room the following criteria are of paramount importance: complete privacy, ease of accessibility for the mobility impaired, and adequate lighting and acoustics.

- It may help group dynamics to have a disabled college student or young adult working in the community to serve as co-facilitator along with the school counselor. This will not only provide another perspective in the group sessions but may lessen the possibility of students perceiving the counselor as an "authority figure."
- The counselor should give careful consideration to the selection of group members. A student should be invited to participate in a counseling group only after the counselor is relatively familiar with the student and his/her concerns.
    - Participating in group counseling must be a voluntary action on the part of the student.
    - It is the responsibility of the counselor to screen potential members of a counseling group in terms of their need for and adaptability to group counseling, and for the particular group being formed. Seriously disturbed, extremely aggressive or dominating, or extremely shy or nonverbal students probably should not be placed in a group of average students, since they may impede the progress of the group.
    - Integration of severely disabled students into a group composed primarily of nondisabled individuals must be highly selective. If the student is prelingually deaf or severely hearing impaired, or if s/he has unintelligible speech, placement in a "regular" group should not be considered. If the student's problems primarily center on a physical impairment and resulting psychosocial ramifications, a regular group may not be appropriate.
    - Nor do all disabled students necessarily belong in the same counseling group. It is unwise to mix highly verbal students with those with poor speech or an intellectually impaired student with those possessing no intellectual difficulties.
    - The purpose of the group counseling experience must be carefully considered before including relatives or boy-girlfriend pairs in the same counseling group. Such persons may be inhibited in expressing personal concerns and problems in each other's presence and manifestations of sibling rivalry and other sub-group concerns may be carried over into the large group situation. However, it may be just these relationships which are a problem and the group counseling process, with its emphasis on understanding and openness, may help young persons work through such problems as sibling rivalry or boy-girlfriend relations.
    - The sex of the participants is another consideration. It may be better to segregate by sex in the early adolescent

> range (junior-high age) and to have a mixed group of older adolescents. Early adolescents, particularly boys, tend to act out and/or reject members of the opposite sex during the counseling sessions. This is disrupting to group relationships. On the other hand, boy-girl relationships are common problems of adolescence and the mixed group facilitates boy-girl communication and understanding. The mixed group can enable participants to try out ways to deal with members of the opposite sex, in a rather secure and protected environment -- a setting which may be especially valuable to physically impaired young persons.

Group counseling is characterized by group interaction. The counselor serves as facilitator rather than authority figure. Some structure is required however. Two critical components of the group structure which must be established by the counselor are specific guidelines to be observed by all group participants (both counselor and counselees) and goal setting. It is essential that participants clearly understand and agree to abide by the following guidelines:

- Maintaining strict confidentiality concerning everything that transpires within the group. In order to feel secure in revealing themselves and their feelings and attitudes related to areas of concern, participants must be assured of mutual trust and group responsibility regarding confidentiality.
- Establishing a commitment to help each other.
- Extending common courtesies to each other. Initial discussion by the group should center about such things as attending the sessions regularly and on time, being considerate of the feelings of others, listening while others are speaking, etc. It is important that one or more participants do not dominate the group and monopolize the conversation. Such behavior may be a defense mechanism: by dominating the topic of discussion, the monopolizer may avoid confronting areas of real concern. In addition, such behavior may disrupt the group process and force the timid or withdrawn members even further into themselves. (Duncan, 1974; Miller, 1971)

The fact that the participants are disabled will not alter the basic responsibilities of either the counselor or participant in a group counseling situation. Mahler (1969) has outlined basic principles that are important throughout the various stages of the group process:

- We have a right to our own feelings.
- Each individual must decide for himself what he will work on.

- Each individual is to work on himself and not on others.
- How we feel about a situation is the crucial point, rather than the situation itself.
- There are many advantages to being open.
- We can better understand our own behavior.
- We are responsible for our own behavior.
- Action is necessary to change behavior.
- We can develop alternatives for meeting difficult situations.
- A commitment to change is very helpful.
- We can put our new learnings into practice in our daily lives.
- To become more deeply aware and more accepting of ourselves is to become less defensive. (pp. 85-86, 116-120, 143-148)

Unlike group guidance, which is content oriented, in group counseling there is no common specific goal for all members of a counseling group. Group counseling has no content agenda, no planned sequence of topics to be presented (Patterson, 1971, p. 182). Nevertheless, individual goal setting is important to prevent aimless discussion and to establish purposes, continuity, and progress. It is important and useful for both the counselor and students to have some understanding of each person's reason for being in the group and what each hopes to accomplish (Miller, 1971, p. 49). General goals common to most adolescents include: the search for identity and meaningful goals; increased understanding of oneself; added confidence in one's abilities to face problems and solve them; increased sensitivity to others' needs and improved skills in helping them satisfy their needs; and learning independent and mature behavior (Ohlsen, 1974, pp. 198-206). Social competency goals frequently include how to best: get along with boy or girl friends; feel socially accepted; choose friends; and meet people.

Disabled adolescents frequently express the following concerns:

- How to cope with the physical fact of their disability
- How to explain to other students about their disability

- How to cope with unfavorable reactions toward the disabled on the part of insensitive and ill-informed able-bodied peers, teachers, prospective employers and the general public. (Insensitivity toward persons with a specific type or degree of impairment may also exist among the disabled themselves.)

- How to cope with overly protective or paternalistic attitudes of parents, siblings, or school personnel

- How to assert one's independence when confronted with certain permanent dependencies which are characteristic of one's particular type and degree of physical impairment

Suggested readings for group counseling are:

Jack A. Duncan. Group counseling with adolescents in the school setting. In Hardy & Cull, Group counseling and therapy techniques in special settings. Precise guidelines for counselors wishing to establish a school-based group counseling program.

Clarence Mahler, Group counseling in the schools. A concise text helpful for the beginning student of group counseling.

Bob L. Means and Richard T. Roessler, Personal achievement skills training: A structured group personal adjustment training package. Presents specific activities to be used in group counseling sessions. Activities focus on formulating personal goals.

William H. Miller, Group counseling with the blind. In Education of the Visually Handicapped. Details on how to implement a group counseling program for visually impaired students. Many of the suggestions are equally applicable to other disability categories.

Merle M. Ohlsen, Guidance services in the modern school. Chapter 6 is an excellent introduction to group counseling for those who have no background in the field.

Cecil H. Patterson, An introduction to counseling in the school. See Chapter 12 (pp. 179 - 198) for a concise overview on the group counseling of adolescents.

Joyce Testa Salhoot, The use of two group methods with severely disabled persons. In Hardy & Cull, Group counseling and therapy techniques in special settings. Focus of article is group counseling in hospital or rehabilitation agency setting. Many of the ideas, however, can be adapted for the school setting.

Group counseling strategies

The purpose of group counseling is to have participants share their concerns. A number of strategies including role playing, simulation games, and group discussions may be used to promote the sharing process. Strategies to help initiate or stimulate group discussion include:

- Use of a film depicting living as a disabled young adult. Group participants may identify with the persons portrayed in the film and may relate the joys and travails of the film protagonists with their own personal situation.

- Use of literature. The reading of fictional or autobiographical books, magazine articles, and newspaper clippings may also serve to trigger discussions of personal concerns. As a group experience, books should be considered only if participants possess above average reading ability. (See pp. 155-156.)

- Use of popular music. Today's popular music can engender identification, catharsis, and insight on the part of young persons, be they able-bodied or physically disabled. Students readily identify with the lyrics, for example, of Janis Ian, finding them personally meaningful. Listening as a group to certain songs can help stimulate discussions of personal problems and conflicts.

- Myklebust et al (1962, p. 384) suggest the use of an autobiographical format, "What my (specific disability) means to me." Participants prepare their autobiographies individually as an outside assignment and then share their reflections in the group situation. Specific topics to be discussed in the autobiographies might include:

    - My experiences with my family

    - My experiences with my friends

    - My experiences with classmates (or with employers and other working associates)

    - How my (hearing loss, blindness, paraplegia, diabetes, etc.) has changed my life

    - How I feel about my disability

    - What I have learned (about my disability) that will be helpful to others

  Preparing the autobiography ahead of time should help participants to focus and clarify their thoughts and may help prevent the dominant members from monopolizing the conversation.

Role playing, sometimes termed sociodrama, or psychodrama, is adaptable to a number of teaching and counseling situations. In essence, it is a method in which problems and situations are acted out by an individual or members of a group. The process involves four steps:

- Identifying a specific problem
- Delineating the role to be played, describing the specific situation to be enacted, and selecting the participants to play various roles
- Dramatizing the problems and alternative solutions
- Having a comprehensive discussion of a reenactment of other possible solutions if necessary

Role playing is a strategy equally applicable to disabled and nondisabled adolescents. It may be especially valuable for students with communication problems (e.g., a student who is deaf or who has unintelligible speech) because it can stress performance and nonverbal behavior. Pantomime, writing, or fingerspelling/sign language can, if necessary, supplement or replace oral expression. Brick (1967) considers the following to be specific advantages of role playing:

- Role playing (in a warm and accepting atmosphere) can give adolescents a chance to try out different behaviors with a minimum of personal threat. They can replay an old situation and learn a new ending. They can practice for a future situation.
- Fears, conflicts, and feelings that are hard to verbalize may be released through the role. It may be easier to vent drives and emotions more honestly because the situation is an "act." Desensitization to areas of difficulty (e.g., how to handle teasing or personal insults) may be aided.
- Encouraging participants to take on a role which is antagonistic to their own (e.g., to play the part of an able-bodied classmate, teacher, employer, parent, etc.) may give students insight into the feelings and viewpoints of others. "Putting yourself in someone else's shoes" may help the student acquire greater flexibility in human relations.
- Role playing gives students a chance to show what they would do rather than merely discuss what they think they would do. It enables them to appreciate the meaning of "it's easier said than done."
- Role playing provides opportunities for bringing a variety of roles and experiences into the students' world within a short time, as opposed to letting them learn from practical experience over a long period of time. This may be especially valuable for those disabled students who have been deprived of

> many of the experiences common for the nondisabled adolescent. (pp. 54-55)

Some counselors have combined role playing with assertiveness training. Students learn the principles of assertiveness and how to recognize non-assertive, agressive, and assertive reactions. They can enact current life situations that are troubling them. The facilitator requires that each situation be role played so that a non-assertive, agressive, and assertive response is demonstrated by the group (Ryan, 1976). Proponents of transactional analysis could use a similar approach. (Thomson and Mosher, 1975).

Suggested readings regarding role playing are:

Lawrence J. Brick, The use of role playing as an educational and therapeutic device with the deaf. In Journal of Rehabilitation of the Deaf.

Merle M. Ohlsen, Guidance services in the modern school. See chapter 6.

Examples of specific situations to role play include:

- You have a "hidden" disability -- diabetes. You are invited to a party. Your mother says no -- she's afraid you might be tempted to eat forbidden food. How do you respond to your mother? To your friends (who don't know of your health condition)?

- Though in a wheelchair and with some hand involvement, you've learned quite a few cooking skills in your school home economics class. But your mother won't let you in the kitchen -- she's afraid you'll get hurt.

- You have a severe speech impediment, though your hearing is normal. Some of your classmates make snide comments whenever you attempt to speak in class. Your teacher knows what's going on, but doesn't say anything.

- You've heard of a bowling league that you'd like to join. You signed up (over the phone), arranged transportation with a friend who plays on this league. You arrive at the alley all eager to bowl. As you set up your portable guide rail, the league organizer informs you that you're "cheating" by using a rail.

- You sing regularly in the church choir. This is your first year at Central High. You're interested in the after-school choir group, but the director says you can't participate. The choir regularly goes on tours and the fact that you require a wheelchair would create transportation and "image" problems.

- You are a better than average swimmer and want to try out for the high school swim team. You've been deaf since birth and your lipreading and speaking skills are only fair. The coach has never worked with a deaf person before and hesitates to let you try out because of the communication problem.

- You've just been transferred from the state school for the blind to a school in your home school district. You want to enroll in a shop class (you made B's in your junior-high shop courses). Your counselor says no -- the shop teacher doesn't want to be responsible for a possible injury.

- You've worked on several class projects with a girl in your history class. She seems to appreciate your sense of humor. You want to invite her to the movies. Will she accept a date with a guy with cerebral palsy?

- You've been deaf since age 10. You lipread pretty well and your speech is ok. There's another deaf student in your class. You don't like him that much but he expects you to sit with him at lunch, etc. (his speech is unintelligible but you both sign pretty well). A hearing classmate asks you to join a table of friends. Your deaf acquaintance is waiting for you to sit with him. What do you do?

- You want to apply for a part-time office job. You are a high school senior with good typing skills and a semester course in office machines. Should you mention to your prospective employer that you have epilepsy?

BIBLIOTHERAPY

As we have mentioned in the sections on self concept and group counseling, reading books about persons who are disabled can be extremely beneficial to students. By reading about someone with problems similar to their own, disabled students may feel less isolated and "different", gain insight into the dynamics of their problems, learn of ways to cope with them, and recognize that disability is not a barrier to personal, social, and career satisfactions. Nondisabled students may gain a greater sensitivity to their disabled peers -- recognizing that all persons have similar feelings and needs, that disability is only one aspect of the disabled person's life, and that disabled persons can and do achieve the same things that nondisabled persons achieve.

We would like to emphasize that bibliotherapy is a tool for counseling, not a substitute for it. Counselors must carefully select the books, based on the book's theme, reading level, and appropriateness for the student. The following materials will assist school personnel in using the technique and selecting books:

> Leroy Baruth and Marsha Phillips, Bibliotherapy and the school counselor. In The School Counselor. Includes a bibliography of books on disabled persons.
>
> Selection of recent books about handicapped persons: A checklist of popular fiction and biography in the library.
>
> Joseph Zaccaria and Harold Moses, Facilitating human development through reading: The use of bibliotherapy in teaching and counseling.

PERSONAL ADJUSTMENT MATERIALS*

Allen, Pat & Lipke, Lee Ann. *Your changing body - A guided self exploration*. Northfield, Illinois: Perennial Education, Inc. $40.00 per program. $350.00/10 programs.

American Foundation for the Blind, Inc. *Sex education for the visually handicapped in schools and agencies...Selected papers*. New York, New York: American Foundation for the Blind, Inc., 1975. $3.50.

Ayrault, Evelyn West. *Helping the handicapped teenager mature*. New York: Association Press, 1974. $6.95.

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Botterbusch, K. & Esser, T. *A selected annotated bibliography of books on behavior modification*. Stout, Wisconsin: Materials Development Center, 1974. $1.50.

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DeRisi, William J. & Butz, George. *Writing behavioral contracts: A case simulation practice manual*. Champaign, Illinois: Research Press, 1975. $3.00.

Dickman, Irving R. *Sex education for disabled persons* (Public Affairs Pamphlet No. 531). New York: Public Affairs Committee, 1975. $ .35. Discounts for bulk orders.

Dickman, Irving R. *Sex education and family life for visually handicapped children and youth: A resource guide*. New York: Sex Information and Education Council of the United States and American Foundation for the Blind, Inc., 1975. Available from American Foundation for the Blind. $4.00.

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* Addresses for ordering materials may be found in Appendix 1.

Goldin, George J. & Margolin, Reuben J. The psychosocial aspects of epilepsy. In George N. Wright (Ed.), *Epilepsy rehabilitation*, pp. 66-80. Boston: Little, Brown & Co., 1975. $10.00 paperback. $15.00 hardcover.

Gordon, Sol. *Living fully: A guide for young people with a handicap, their parents, their teachers, & professionals*. New York: The John Day Co., 1975. $8.95.

Gowan, John. The guidance of exceptional children. In John Gowan & George Demos (Eds.), *The guidance of exceptional children: A book of readings*, pp. 2-7. New York: David McKay, 1965. This edition is out of print, but may be available from a community or college library.

Heslinga, K.; Schelten, A. M. C. M.; & Verkuyl, A. *Not made of stone - The sexual problems of handicapped people*. Springfield, Illinois: Charles C. Thomas, 1974. $15.75.

Lauri, Gini & McGwinn, Donna. *Housing and home services for the disabled*. Hagerstown, Maryland: Harper & Row, Medical Department, 1977. $20.00.

Mahler, Clarence. *Group counseling in the schools*. Boston: Houghton Mifflin, 1969. $7.95.

Means, Bob L. & Roessler, Richard T. *Personal achievement skills training: A structured group personal adjustment training package*. Hot Springs, Arkansas: Arkansas Rehabilitation Research and Training Center, 1976. Instructor's Manual, $2.00. Student Manual, $1.00. Intro. Paper, $ .50. Instructor's Supplement, $ .50. Audio Training Tapes: cassette, $3.00; 5" or 7" reel to reel, $2.50.

Meyerson, Lee. Somatopsychology of physical disability. In William M. Cruickshank (Ed.), *Psychology of exceptional children and youth* (Third Edition), pp. 1-74. Englewood Cliffs, New Jersey: Prentice-Hall, 1971. $13.95.

Miller, William H. Group counseling with the blind. *Education of the Visually Handicapped*, 1971, *3*(2), 46-51.

Mindel, Eugene D. & Vernon, McCay. *They grow in silence: The deaf child and his family*. Silver Spring, Maryland: National Association of the Deaf, 1971. $5.45, pre-paid.

Mooney, Thomas M.; Cole, Theodore M.; & Chilgren, Richard A. *Sexual options for paraplegics and quadriplegics*. Boston: Little, Brown and Company, 1975. $7.95 paperback. $12.95 hardcover.

Ohlsen, Merle M. *Guidance services in the modern school*. New York: Harcourt, Brace, Jovanovich, 1974. $12.95.

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Selection of recent books about handicapped persons: A checklist of popular fiction and biography in the library (Revised November, 1973). Chicago: The National Easter Seal Society, 1973. Single copy free.

Special issue on the handicapped. *SIECUS Report*, 1976. Available from Ed-U Press. Single copy $1.00. Bulk order prices on request.

A step-by-step guide to personal management for blind persons (Second Edition). New York: American Foundation for the Blind, 1974. $4.00. Available in braille from American Printing House for the Blind, $6.00.

Sussman, Allen E. & Stewart, Larry G. (Eds.). *Counseling with deaf people*. New York: Deafness Research and Training Center, New York University School of Education, 1971. Available from National Association of the Deaf. Order Number NY001. $3.45.

Vocationally oriented school planning for the handicapped. Montpelier, Vermont: Vermont State Department of Education, Office of Federal Programs, Title III-IV Division, 1976. $4.00. Limited supply available. Will be entered in the ERIC system by late 1977.

Wright, Beatrice. *Physical disability - A psychological approach*. New York: Harper & Row, 1960. $10.95.

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CHAPTER 4

EDUCATIONAL PLANNING

Educational planning, as discussed in this chapter, involves helping the student formulate an educational plan and assisting the student and faculty to find solutions for problems that impede learning. Although the goals of educational planning for disabled and nondisabled students are identical, planning for physically disabled students may require new responsibilities on the part of the counselor:

- Assessing student and placement site data upon which to base the student's individualized educational program
- Assisting the student to select courses which will accommodate his/her educational and physical needs
- Consulting with faculty about attitudinal problems and about necessary instructional modifications
- Helping to adapt instructional services
- Recommending and advocating for the removal of architectural barriers
- Orienting the physically disabled student to the physical layout and services of the high school
- Assessing the appropriateness of college attendance and advising students on postsecondary institutions that are architecturally accessible and geared to special student needs.

The extent to which the regular counselor will assume these responsibilities is dependent on a number of factors: the availability of specialized personnel at the high school, district, or state level who may perform some of the functions; the policies of the state department of education or local education agency; the amount of inservice training provided by the school staff; and, of course, released time for the counselor. Even if these educational planning activities fall to someone other than the counselor, we consider it vital for the regular counselor with physically disabled students to be familiar with the issues and procedures discussed in this chapter — for they are crucial both to the student's personal adjustment and academic success in school.

EDUCATIONAL PLACEMENT

In recent years parents and other advocates have forcefully challenged the efficacy of educational programs for students with special needs. A viewpoint propounded by parents and by many in the educational community is that categorizing a child according to his/her disability is not a means to meeting the needs of that child. Each student is a unique individual. The assets and limitations of two persons with the same disability classification may be widely divergent and consequently their educational needs may not be at all similar. As Deno (1970, p. 229) has so aptly stated, the only meaningful category for educational purposes is the individual student. Thus, many educators contend, placement efforts must switch from the present fix on pathology, to an emphasis on the mismatch which may exist between the student's needs and the opportunities the educational system makes available to nurture the student's self-realization.

As a direct result of this challenge, litigation in the courts as well as state and federal legislation have addressed the following principles regarding the education of exceptional pupils:

- Placement in an appropriate educational program is a right of all exceptional pupils. A corollary to this is that education means learning. Merely spending time in a program is not enough; only when learning takes place in that program can it qualify as appropriate.
- Insofar as possible, normalization of educational experiences should be the goal for all exceptional pupils. Normalization is an educational policy whereby exceptional individuals will be treated the same as all pupils unless there is clear evidence to treat them differently.
- Services exist on a continuum from least restrictive (regular classroom) to most restrictive (institution). Placement is based on what the pupil needs. The preferred direction for placement is the least restrictive setting which can accommodate the student's needs.
- Mere physical placement in the regular classroom is not enough to ensure either academic achievement or social acceptance. Many exceptional pupils have specific needs which require accommodation and attention. Exceptional individuals and their classmates may also need help in the social-affective aspects of life in the classroom. Mainstreaming is not just a function of time and proximity.

- The following practices must be eliminated: inappropriate selection and administration of screening and placement tests; abridgement of individual child and parental rights in screening and placement decisions; and inadequacy of educational programming following placement.

Any efforts in educational placement must be based on the above principles. As will be discussed in ensuing sections, they underlie all activities involved in the student's placement: assessing the student's capabilities, goals, and needs; identifying alternative placement options; developing the individualized educational program; and planning for the appropriate accommodations in the regular school site.

The following readings are suggested for an orientation to the issues involved in mainstreaming:

> Evelyn Deno. Special education as developmental capital. In Exceptional Children.
>
> Lloyd Dunn, Exceptional child in the school. See Chapter 1, "An Overview."
>
> Barbara Koegh & Marc Levitt, Special education in the mainstream: A confrontation of limitations? In Focus on Exceptional Children.

Developing an individualized educational program

The goal of educational planning is to provide students with a pattern of academic-vocational course work for the semester and with a sequence of patterns over their school years which will support and develop each individual's interests and abilities. Unless this occurs, much of the purpose of formal education will be lost. Developing an education plan for each student — a program that capitalizes on the student's assets and strives to eliminate or minimize any deficits that s/he may possess — involves a series of matches:

- The student's capabilities, goals, and needs must be matched with appropriate courses.
- The student-subject pair must be matched with a teacher who is personally harmonious and academically competent, and, in the case of the physically disabled student, is willing to make classroom adjustments that may be required.
- The trio must be matched with a cordial peer group.
- The set must be matched with a suitable physical environment. (Kowitz & Kowitz, 1971, pp. 191-192)

The proposed regulations for P.L. 94-142 require that each local educational agency establish and implement an individualized educational program (IEP) annually for each handicapped child who is receiving or will receive special education or related services. The IEP is a written statement on each child, documenting decisions reached about the objectives, content, implementation, and evaluation of the child's educational program. Among the items that must be included are statements of: the child's present level of education performance; short and long-term goals for the child's performance; the specific educational and related services as well as instructional media and materials to be provided; and the extent to which the child will participate in regular educational programs. (See Figure 1 for a summary of the P.L. 94-142 requirements for developing an IEP.) In response to the P.L. 94-142 mandate, state departments of education will draw up guidelines for developing and implementing individualized education programs for disabled youth. School personnel should contact administrators in their school district or State Department of Education to obtain these guidelines. Evaluative procedures and materials used in designing educational performance goals and instructional objectives and in determining placements are apt to vary from locality to locality.

Developing an IEP requires a team effort. In addition to the placement team participants identified in Figure 1, it may be advantageous at the high school level to include the following personnel on the educational placement team:

- Guidance staff member(s)
- Principal
- School nurse
  - If the student is having intensive medical care or therapy (speech therapy, low vision services, physical/occupational therapy), and latest information is not in the student's school record, the school nurse or the chairperson of the placement team may want to talk with the doctor or therapist. Written permission from the parent(s) will be necessary.
- Work experience coordinator
- Vocational Rehabilitation Agency counselor (if the student is a VR client).

(Continued on p. 166)

FIGURE 1

PROPOSED P.L. 94-142 REGULATIONS ON THE INDIVIDUALIZED EDUCATION PROGRAM

The IEP must include:

- A statement of the child's present levels of educational performance, including academic achievement, social adaptation, prevocational and vocational skills, psychomotor skills, and self-help skills;
- A statement of annual goals which describes the educational performance to be achieved by the end of the school year under the child's individualized education program;
- A statement of short term instructional objectives, which must be measurable intermediate steps between the present level of educational performance and the annual goals;
- A statement of specific educational services needed by the child, (determined without regard to the availability of those services) including a description of: (1) all special education and related services which are needed to meet the unique needs of the child, including the type of physical education program in which the child will participate, and (2) any special instructional media and materials which are needed;
- The date when those services will begin and length of time the services will be given;
- A description of the extent to which the child will participate in regular education programs;
- A justification for the type of educational placement which the child will have;
- A list of the individuals who are responsible for implementation of the individualized education program; and
- Objective criteria, evaluation procedures, and schedules for determining, on at least an annual basis, whether the short term instructional objectives are being achieved. (Section 121a.225)

The following participants must be involved in developing the IEP:

- A representative of the local educational agency (other than the child's teachers) who is qualified to provide, or supervise the provision of, special education;
- The child's special and/or regular teachers who have a direct responsibility for implementing the child's individualized education program;
- One or both of the child's parents [see Parent Involvement, pp. 395-399];
- When appropriate, the child;
- Other individuals, at the discretion of the parent or agency. (Section 121a.223)

The proposed guidelines regarding nondiscriminatory procedures and materials to be used in developing the IEP are presented on pp. 311-312 of Psychometric Testing.

- Representative(s) of other agency(ies) currently working with the student
  - If the agency representative cannot attend, a report of current status could be requested. Parental permission is necessary.

In helping the student to formulate an IEP, team members should keep in mind the following precepts:

- Developing an individualized educational program is something one does with a student and not for him/her. The student should be actively involved in the planning process. This can be achieved through
  - Interviewing the student to ascertain his/her interests and tentative life goals
  - Requesting the student to complete forms (e.g., student skills/interests regarding recreational activities, social skills, tentative occupational interests, effect of disability on daily living skills) that will aid the team in the planning process
  - Including the student as a member of the educational placement team. If the student is not present at the team meeting, it is important that a team member meet with the student immediately to discuss the IEP with him/her.
- Educational planning is an ongoing process. Developing an IEP is not a one-shot affair. Meetings of the team must be held at least annually to review the student's current IEP and to make adjustments as needed for the forthcoming academic year. The counselor or other team member(s) should meet as needed with the student to help him/her assess academic/vocational/personal-social growth. It should be explained to the student that results of various therapies as well as academic coursework, comprehensive vocational evaluation, and activities in a prevocational laboratory or other work-related setting, may significantly alter objectives tentatively established in previous years.
- Participation in group guidance activities will enhance realistic educational planning on the part of the student. Occupational information courses/career guidance seminars are recommended ways to impart information and to enable students to receive feedback from their peers regarding the career decision-making process and their own tentative career goals. (See Career Development, pp. 250-255.)
- Individual counseling sessions should be held as the need arises. The student's counselor (or work experience coordinator) should be available to counsel the young person throughout the year regarding: educational-career goals; problems relating to courses or work experience activities; and any personal, social, medical or emotional problems that may hamper academic and vocational progress.

To match disabled students with an appropriate educational environment, the team must have precise information both about placement options and about the individual student's capabilities, goals, and needs. Gathering this information and developing the IEP will require the following activities:

- Assess the student's capabilities, goals, and needs and identify the supplementary aids and services (e.g., interpreter services, equipment, materials, architectural accessibility, specialized instruction) s/he will need.
- Identify the various placement sites existing in the local educational agency or on a multi-district basis.
- Identify the resources (supplementary aids and services, curricula) available in the various placement sites.
- Match the student with an appropriate placement site. Optimally this site should: have the requisite special programs and related services needed by the student as determined by his/her IEP; and permit the student to be educated, to the maximum extent appropriate, with students who are not disabled (least restrictive environment).

The process of developing the IEP involves more than merely matching student needs to resources already existing in the local and/or intermediate educational agency. In certain cases, compliance with the placement mandate of P.L. 94-142 will require that educational agencies arrange new programs and services so that student needs can be met in an integrated setting. Thus, the school system should see the process of identifying student needs also as a process of identifying needed changes in the school system's delivery of educational and support services.

While this chapter focuses on educational placement and services in the regular school, we do wish to point out that some physically disabled students, because of the nature or severity of their disabling condition, cannot be adequately educated in the regular school even with the use of supplementary aids and services. To place any student with severe communication, educational, or psychosocial deficits in an educational site not sufficiently geared to special needs is courting disaster — both educational and psychological — for the student. In some instances students requiring special programs can be accommodated in special education classes located within a regular school site. In other cases such factors as home and neighborhood conditions or the multiplicity of services required by the student may necessitate special day school, hospital school, or residential school placement. The probability of social acceptance within a regular school site also must be assessed. If the student is likely to be confronted with overwhelming rejection by peers in the regular school setting, an alternate site should be considered. For example, an adolescent with a severe facial disfigurement, who might be unmercifully tormented by peers in his/her regular school, could be happier if bused to a special attendance center for orthopedically/health impaired students.

In many instances, however, accommodating physically disabled students at a regular public school site can be educationally sound, provided that:

- Close collaboration exists between the school and community/state agency resources and between regular and special education staff (see Coordinating the Delivery of Services and the Resource Section for your state).
- Regular school personnel are knowledgeable about, and committed to, adapting instructional services to the special needs of physically disabled students.
- Other students will be accepting of their physically disabled peers. (For suggestions regarding developing the proper attitudinal climate see Personal Adjustment, pp. 144-156.)
- There is at least minimal ease of accessibility for the mobility impaired student in regard to classrooms, vocational and scientific laboratories, the library, cafeteria, guidance office, restrooms, etc.
- Specialized instruction will be provided as needed.
- Special instructional materials and equipment will be provided as needed (readers, notetakers, tutors, resource room instructor, etc.).
- Guidance and counseling services will be provided by school guidance staff. These services should be supplemented as needed by specialists from the local educational agency, educational cooperative, or community agency.

There are a number of issues that the placement team must consider when evaluating students and assessing sites in order to determine an appropriate placement. These issues are discussed below.

Identifying alternative placement options

To determine an appropriate placement for the student, the placement team must be fully aware of the various placement options available in terms of: degree of integration, from most to least restrictive; potential sites for education; and supplementary aids and services available at those sites.

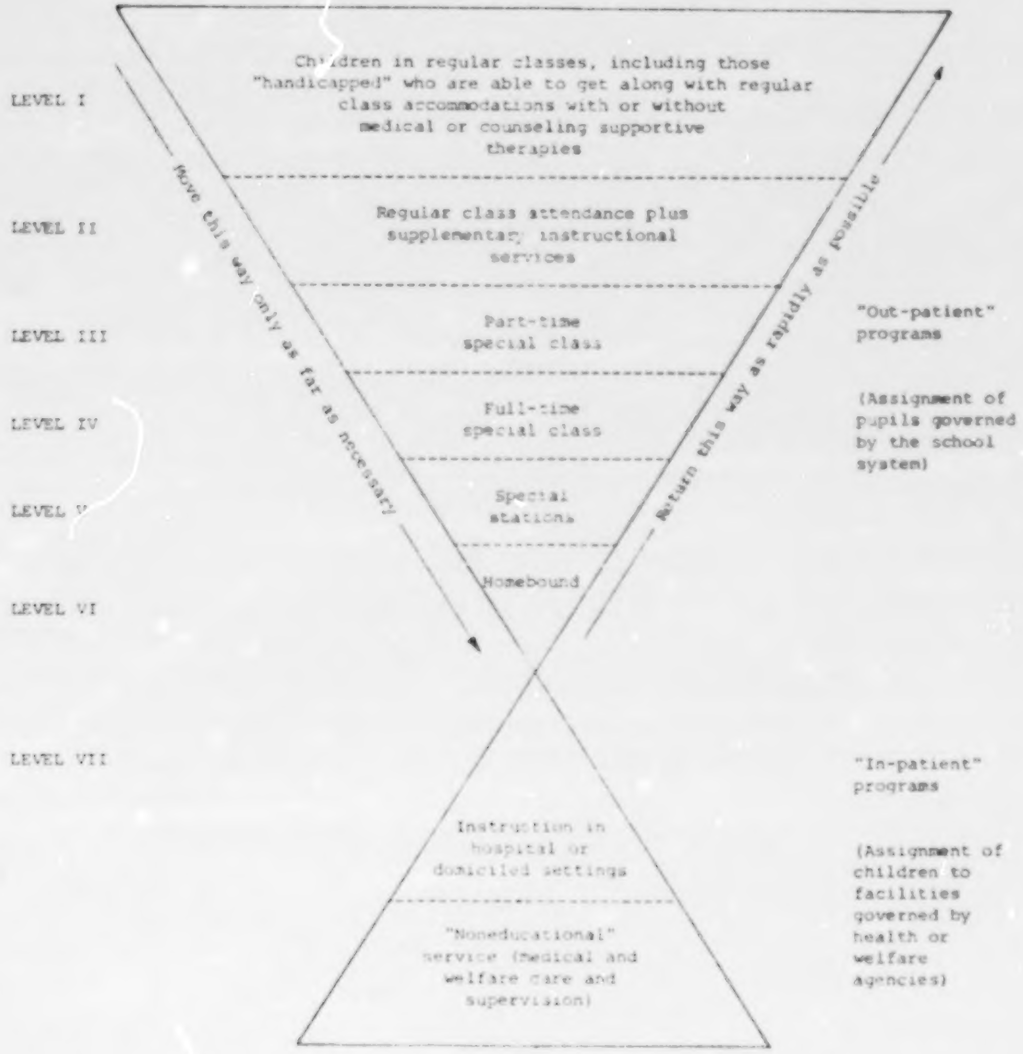
As a greater variety of regular and special education programs become available, much greater flexibility is permitted in the school placement of the physically disabled student. Options on the integrated-segregated continuum range from regular class placement with no or few modifications (least restrictive) to placement in a special day school, residential school, hospital school or homebound instruction (most restrictive). Figure 2 presents the "cascade system," a schema of placement options on this continuum. The "cascade system" affords school administrators a system of placement options focusing on the educational needs of the *individual* student. In defining this system Deno (1970) states:

> *The "cascade system" is designed to make available whatever . . . kind of setting is required to control the learning variables deemed critical for the individual case. It is a system which facilitates tailoring of treatment to individual needs rather than a system for sorting out children so they will fit conditions designed according to group standards not necessarily suitable for the particular case. . . . It is designed to facilitate modification based upon changing conditions and new assumptions. The "cascade system" is flexible and adaptable enough to make it possible to reduce essential special education enrollment while still retaining opportunity for those who require special education services . . . It can meet the anxiety of those who fear that the baby will be in danger of getting thrown out with the bath if we move from categorical programing to individualized programing tailored to the nature of the child's learning needs.* (p. 235)

Given the low incidence of certain physical disabilities, it may not be practical for each high school in a community to provide the range of programs and services that may be needed by the more severely disabled student. Centralization of services is required and this means that not all disabled students will be placed in their local high

FIGURE 2

THE CASCADE SYSTEM*


LEVEL I
Children in regular classes, including those "handicapped" who are able to get along with regular class accommodations with or without medical or counseling supportive therapies
LEVEL II
Regular class attendance plus supplementary instructional services
LEVEL III
Part-time special class
LEVEL IV
Full-time special class
LEVEL V
Special stations
LEVEL VI
Homebound
LEVEL VII
Instruction in hospital or domiciled settings
"Noneducational" service (medical and welfare care and supervision)
Move this way only as far as necessary
Return this way as rapidly as possible
"Out-patient" programs
(Assignment of pupils governed by the school system)
"In-patient" programs
(Assignment of children to facilities governed by health or welfare agencies)

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[*] From Evelyn N. Deno, Special education as developmental capital. Exceptional Children, 1970, 37(3), p. 235. Reprinted with permission.

school. Or the placement may involve attending one site for part of the school day or week and attending another site for the remaining time. The placement team should thoroughly investigate all potential sites for educating the student, including:

- Neighborhood high school:

  This site is to be recommended if the school has the requisite aids, services, and architectural accommodations to meet the needs of the particular disabled student.

- Area vocational center or citywide vocational-technical training center:

  Since this type of school draws from a larger population than does the neighborhood high school, it is possible that there will be sufficient numbers of disabled students attending to allow for cost-effective provision of specialized aids, services, and architectural accommodations.

- Local educational agency or multi-district attendance center for students with a particular disability:

  This site may be a regular high school or a special day school. If the site is a regular high school the opportunities for social and educational "normalization" will be enhanced.

- Residential school:

  Home conditions, the psychosocial needs of the disabled adolescent, or the need for extremely specialized programs and services may make this placement the most feasible option for a particular student.

- Hospital school:

  Compelling health reasons may necessitate such placement for part or all of a student's high school education.

- Home instruction:

  Home instruction may be provided through tutoring and/or a home-to-school telephone system, with the latter a preferred option for students who do not require extensive individualized instruction. Since full-time home instruction tends to isolate a student from his/her peers, this option should be restricted, if possible, to use on a short-term basis for students recovering from illness or injury. It should be noted that part-time home instruction can be beneficial for the student who can attend regular high school only on a part-time basis because of a chronic health problem that limits stamina (e.g., cystic fibrosis).

A profile of all aids, services, architectural accessibility components and other features for accommodating physically disabled students should be obtained for each of the identified sites. Figure 2 identifies those features to be assessed at each educational site.

In the regular public school site, class placement for a disabled student may include regular vs. special class placement for all or part of the school day. It should be emphasized that a disabled student will not necessarily fall into the same classification for all subjects. Thus a student with cerebral palsy may be considered a regular student in English or algebra, may require certain special equipment in an industrial education course, and may be enrolled in a special adaptive physical education course. Types of class placement include:

1. Regular class placement:

   Students receive instruction in the same classroom/laboratory as their nondisabled peers and are expected to achieve the same basic minimum performance standards. This classification is appropriate for physically disabled students who can participate in a regular program with no or very minor modifications, e.g., special seating arrangements, early dismissal to allow student to avoid between-class stampede in halls, etc.

2. Adapted regular class placement:

   Students receive instruction in the same classroom/laboratory as their nondisabled peers and are expected to achieve the same basic minimum performance standards. This classification is appropriate for physically disabled students who can participate in a regular program if specialized services are provided. Many of the more severely disabled students fall into this category. The specialized services may include:

   - Flexibility in scheduling, e.g., shortened school day or inclusion of in-school rest period(s) for student with cardiac condition or other health impairment.

   - Team teaching in science or vocational laboratories, e.g., use of supplemental educational resource specialist to assist student as needed.

   - Special classroom furniture, equipment or devices, e.g., braille measuring instruments or notetaking devices, specially designed desk or work table, hand lever instead of foot levers for shop equipment, etc.

(Continued on p. 175)

FIGURE 3

ACCOMMODATIONS PROFILE

Aids and Equipment

Typewriters (large print, electric)
Magnifiers, optical enlargers
Laboratory/shop equipment
Tape recorders
Other: ______________________________

Architectural Accessibility

Building access (reserved parking; gradient of sidewalk; curb cuts; ramps; threshold; hardware; doorway width)

Stories of building (elevator, stairs)

Classrooms Laboratories/shops Guidance offices Cafeteria Gymnasium and recreation sites	(doorway width; threshold; door hardware; height of work surfaces; knee space; aisle width; positioning and type of controls in laboratories and shops)

Restrooms (doorway width; height of toilet; stall size; door opening outward; height of lavatory, paper towel dispenser, and hardware)

Water fountains (height, placement of controls)

Elevator (height of controls; brailled floor identification; door opening time)

Other: ______________________________

Attitudinal Climate

Willingness of regular teachers to accept student
Willingness of students to accept student

Class Size

Class size that permits individualized attention

Inservice Preparation

Of guidance personnel and regular class teachers regarding accommodation of students with:

Hearing impairments
Orthopedic/neuromotor impairments
Visual impairments
Other health conditions: ______________________________

FIGURE 3 -- *Continued*

Instructional Materials

Braille
Captioned films
Large print
Taped
Other: ____________________

Instructional Support Services

Interpreters
Notetakers
Readers
Tutors
Other: ____________________

Specialized Programs and Courses

Adapted physical education and recreation
Braille reading
Home/hospital teachers
Independent living skills
Manual communication
Mobility training
Prevocational laboratory
Resource room
Special education classes
    Subjects: ________________
Speechreading
Work experience programs
Other: ____________________

Support Services

Attendant for personal care
Nursing services
Parent counseling
Modified van for transportation
Other: ____________________

Therapies

Occupational Therapy
Physical Therapy
Psychological Counseling
Speech pathology and audiology
Other: ____________________

- Special instructional materials, e.g., braille, large print, or taped materials.
- Special support staff, e.g., tutors, readers, interpreters, notetakers, matron to assist severely disabled with self-care needs. Students may be assigned to a resource room, a type of specialized study hall where a skilled resource instructor can give tests on an individual basis and help the students individually or in small groups to develop study habits and techniques designed to help the disabled person overcome his/her educational handicap.

3. Individualized program within a regular class setting:

   This involves extensive individualization within a regular classroom/laboratory setting. Expected performance standards may differ from what is required of the regular student. An example might be a cerebral palsied student in a typing course — with a special plate for the electric typewriter and a one-hand typing instructional manual — who would not be expected to achieve the same rate of speed as the other students.

4. Special class placement:

   Students receive instruction in a special class setting. Instructors for these classes will have special experience and training in teaching the disabled. Instruction may be provided in a class limited to individuals with a specific primary disability or the class may serve a heterogeneous group of disabled students. Expected performance standards may differ from what is required of students in a regular classroom. Adaptive physical education courses and special academic and vocational courses for the hearing impaired or for the orthopedically impaired (who may require extensive modifications of classroom furniture and equipment) are commonly included under this classification.

Assessing the student's capabilities, goals, and needs

Information about the student may be obtained from a number of sources, including: evaluations performed by a physician, physical therapist, occupational therapist, speech therapist, audiologist, ophthalmologist, or other specialist; criterion referenced testing; previous school records; observation of the student in the home, prevocational laboratory, or other setting; psychometric testing; interviews with the parents and the student; and reports from the student's previous counselor and/or teacher(s). The use of these techniques is discussed in the chapters Career Development (pp. 258-275), Vocational Assessment (pp. 281-302), Psychometric Testing (pp. 307-352), and Parent Involvement (pp. 389-391).

An underlying philosophy of this manual is to encourage the integration of disabled students into the regular classroom. Even at the high school level, however, some disabled students attending a regular school site may need special education instruction for at least part of the school day. Factors that the placement teams should assess regarding the student's readiness for placement in a regular program for part or all of the school day are:

- Psychosocial factors:

  Does the student want to be placed in the regular class setting?

  Is the student's confidence in his/her ability to cope successfully in the regular class, and his/her motivation to do so, sufficiently great?

  Is the student within two years of age of the regular class students?

  Is the student's social and emotional maturity such that s/he: (a) will not be disruptive in a regular class setting and (b) can, with support, cope with educational and social frustrations and pressures which may result from regular class placement?

  Do the student's parents want to have him/her placed in the regular class? Will they provide the student with sufficient support in helping him/her cope academically and emotionally with the frustrations that may be encountered in the regular setting?

- Student goals

  What are the student's educational and career goals and interests? Can these best be furthered by regular class placement?

- Capacities

  Does the student possess reading and computational skills (as indicated by previous educational performance and the results of nondiscriminatory tests) sufficient to perform the work required in the regular class? (It is essential that the placement team exercise discretion in this assessment. In certain cases remedial instruction will enable a student somewhat deficient in certain skills to be placed in a regular class. In other instances the student's performance level may be so far below the class average that regular class placement should not be considered. Thus a deaf student with a fourth grade reading level would not be a likely prospect for an advanced biology course requiring extensive reading. Placement in a regular welding course, however, might be entirely feasible.)

- Capacities *(continued)*

  Will the student be able to focus attention on work assignments and understand and follow directions?

  Does the student have sufficient receptive and expressive communication skills (speechreading, speech, language, reading, writing, use of speechboard, typing) to function successfully in the regular class?

  Has the student had prior training in special study techniques that s/he may need in a regular class setting?

  Is the student efficient in the use of prostheses and special devices that will enable him/her to succeed in a regular class or laboratory?

  In what areas will the student require special and/or remedial instruction (from a peer tutor, resource room instructor/supplemental education resource specialist)?

A detailed analysis of the student's functional capacities will help the placement team identify the particular aids and services that will have to be provided in the educational placement. A sample instrument for recording functional capacities is presented in Figure 4.

COURSE SELECTION

The educational placement process does not end with the identification of an appropriate site for the student. As is discussed below, the process of developing an appropriate educational placement must include careful selection of specific courses within the identified site as well as efforts to remediate the problem of unnecessary exclusion of students from courses.

Planning the class schedule

In planning a class schedule with a physically disabled student, the counselor should take the following factors into consideration:

- Are the courses in keeping with the student's educational-career goals?
  - A high school diploma should not be considered by the student, his/her parents, or school personnel to be an end in itself. Post-high school plans must be kept in mind. Options open to the able-bodied youngster (employment or on-the-job training upon graduation from high school; enrollment in a vocational-

(Continued on p. 181)

FIGURE 4

FUNCTIONAL CAPACITIES CHECKLIST*

SEEING

Capable of doing own reading?
Capable of reading blackboard?
Capable of seeing demonstrations?
Capable of viewing films?
Capable of viewing pictures?
Capable of sighted travel through building?
Capable of doing own diagrams?
Special adjustments required:
....Lighting
....Lenses
....Readers
....Guides
....Oral instruction
....Talking book
....Braille
....Large typewriter
....Heavy dark pencil
....Special orientation to building and classes
....Seating
....Other adjustments: ____________________________________

COMMUNICATION

Hearing

In a large classroom?
Normal range of radio or tape recorder?
Interference from normal traffic noises and other extraneous sounds?
Functional use of hearing aid?
Attitude toward hearing aid?
Lip reading?
Special adjustments:
....Seat in front of room
....Louder presentation by instructor
....More careful articulation by instructor
....More board illustration and written materials.
....Special hearing devices
....Others ____________________________________

---

* Adapted from Herbert Rusalem, Guiding the physically handicapped college student. New York: Teachers College, Columbia University, 1962, pp. 61-65. With permission of the author.

FIGURE 4 -- *Continued*

Speech Articulation

Adequate for classroom use?
Adequate for speech courses?
Adequate for occupational choice?
Use of speechboard.

Writing

Capable of writing classroom notes?
Resources for dictating notes.
Knowledge of typing.
Capable of writing on blackboard?
Special adjustments required.

Manual Communication

Types Used:
....Total Communication
....American Sign Language (ASL)
....Signed English
....Fingerspelling only
....Other: ______________________________

Language

Can the student communicate adequately in the classroom:
....Through spoken language?
....Through written notes?
....Through manual communication?

MANIPULATION

Capable of self-care in building?
Capable of handling laboratory equipment safely?
Capable of writing using pen and pencil?
Capable of handling chalk in classroom?
Capable of eating by self-feeding?
Capable of carrying own books?
Capable of turning pages?
Capable of handling coins?
Capable of steady hand movements?
Capable of speedy hand movements?
Capable of two-handed coordinated movements?
Capable of picking up gross objects?
Capable of picking up fine objects?
Capable of opening doors?
Capable of typing movements?
Capable of raising hand for instructor's attention?
Capable of manipulating papers?
Others: ______________________________
Adjustments required?

FIGURE 4 -- *Continued*

MOBILITY

Travel to and from school.
Travel on level surfaces.
Special devices used.
Walking up and down steps.
Relative speed of mobility.
Steadiness and balance.
Assistance required.
Ability to sit in and rise from chair.
Ability to walk up incline.
Ability to walk on hard smooth surface.
Ability to pass through narrow aisles and doorways.
Special aids required:
....Special elevator service
....Early dismissal
....Student helper
....Paid attendant
....Close safety supervision
....Others: ______________________________

SPECIAL HEALTH PROBLEMS

Description of condition: ______________________________
Special medication and health care required.
Activity limitations.
Possible curriculum limitations.
Progressive or static.
Special adjustments needed: ______________________________

technical program at a technical institute, business college, or junior college; enrollment at a four-year college or university) are equally applicable to the physically disabled youngster.

- Does the schedule *as a whole* accommodate the educational and physical needs of the student? Are there sufficient rest periods or resource room/study hall periods? Have locomotion problems been taken into account when planning a schedule for students with limited mobility? Has the schedule been planned to minimize absence from class due to required therapy sessions?

- Within a specific subject area, is the course selected one which does not emphasize the student's physical-educational limitations?
  - For example: unless special interests or career objectives are involved, it may be preferable for a student with severe limitations of the upper extremities to enroll in a psychology class with little required laboratory work rather than in a chemistry class where laboratory sessions are an integral part of the course.

- Does the instructor for the course have experience in serving students with special needs? Has s/he expressed a willingness to serve disabled students? Does the instructor favor an individualized approach to instruction that will facilitate the accommodation of a severely disabled student?

- Is the class size small enough to allow for individualized attention?

- In a *specific* course will regular or special class placement be more appropriate for this *particular* student?
  - It should be emphasized that placement in a special class at a previous educational level is, *by itself*, no criterion for continued need for special class placement. Changes in the student and in the school environment may make placement in a regular class feasible. These changes may include: improvements in physical functioning as a result of therapy or the acquisition of new or improved prostheses; counseling which has helped the student to improve concept of self and to gain in social maturity; remediation of educational deficiencies; availability of supplementary aids and services; absence of architectural barriers; willingness of faculty to modify classroom procedures.
  - In schools where there are no special classes for the physically disabled, the subject matter specialist and a counselor or resource room instructor may design an individual course of study for the student who would be likely to fail in the regular course.

  - The guidance staff may have to assume an advocacy role in recommending that special courses be organized to meet the needs of some physically disabled students. While integration into regular class is desirable in many cases, it is a policy that may not meet the needs of all physically disabled students attending the school.

- Will the student need instruction in using special techniques and equipment?
  - Disabled students will frequently benefit from individualized instruction regarding the use of special techniques and modified equipment designed to help them compensate for their physical limitations. This may include suggestions on: how a student can most effectively use the services of a notetaker, interpreter, or reader; typing instruction for a student with severe hand involvement; or tips on how to use raised line drawings or procedures for organizing study or research notes for a student who is blind.

- What remedial instruction, if any, is needed?
  - Some students may require remedial services at the high school level for the following reasons: absence from school because of illness or time spent undergoing rehabilitative treatment; educational deficits which are a direct result of the disability (e.g., impaired language development); or previous special class placement where the instructional pace was slower than that of regular classes. To help in the referral process and to suggest ways in which the remediation process can be most effective, counselors and placement team members should consider the following guidelines.
  - Objectives for remedial services must be specific and relevant. A statement such as "to bring the student up to grade level in reading or mathematics" is an overly broad (and sometimes unattainable) objective. Remedial instruction should specifically address those skills necessary for adequate classroom performance.
  - Remedial instruction will be more effective if there is close coordination between the student's instructors and the person(s) providing remedial services. One approach is as follows: each teacher prepares (on a weekly or instructional unit basis) an individualized "remedial needs" report identifying specific vocabulary, concept, measurement or computational skills that must be mastered by a particular student before s/he can satisfactorily proceed on a particular project or unit of instruction. The remedial specialist uses these reports to plan a totally individualized and class-related approach to academic remediation. This approach is delineated in the following series:

M. LeRoy Reynolds et al, A project to train vocational education and special education teachers to work co-operatively in occupational preparation of handicapped persons. The ten occupational cluster guides comprising this series delineate specific "language of the task" and "quantitative concepts" that must be mastered for each lesson. While occupationally oriented, the approach would be equally applicable to other subject areas.

  - Remedial instruction is not limited to teaching regular subjects such as English or math. It may involve teaching notetaking or study skills or helping a student acquire specific technical vocabulary required in an industrial education or art course.

- What supplemental educational instruction, if any, is required in the science or vocational laboratory?
  - In some instances severely disabled students may be more readily integrated into regular laboratory courses if they are instructed about the use of special equipment, devices, and techniques that physically disabled people can use in performing vocational-technical tasks.
  - There should be a specially designated resource specialist available to provide for such instruction. This may be an itinerant position with the specialist serving students in a number of schools, or special education teachers/work experience coordinators could be granted released time from other duties to perform this function.

Suggested readings on the integration of students in regular vocational-technical courses are:

William A. Dwyer, Career development for deaf adults -- Blue Hills breaks the communication barrier. In American Vocational Journal.

A model to serve students with special needs in regular programs in Minnesota.

Gene Russell & David Butler, Five-county vocational skills training program 1970-72. In New Outlook for the Blind.

- Is the student "realistic" in selecting courses?
  - A problem familiar to school counselors is that of students desiring to enroll in a course for which they lack certain essential capabilities. Like their nondisabled peers, some physically disabled students may have distorted concepts of their actual abilities. The counselor may attempt to help the student plan an educational program more in keeping with

the individual's actual capacities only to meet with strong student resistance. In some instances personal counseling and/or a type of "reality therapy" may be required.

- Provided that physical health and safety are not involved, a disabled student should on occasion be permitted to enroll in a course which s/he has "unrealistically" chosen. Failure in a course can be beneficial if it helps the student to more accurately assess his/her capabilities and limitations. Of course, it is absolutely essential that the counselor help the student to evaluate the experience and to prevent it from becoming a blow to self esteem. For a related discussion of "unrealistic" career goals see Career Development, pp. 248-250.
- Unrealistic course selection could also be a function of parental pressure for their child to be "normal." In such a case, counseling of the student should be complemented by parental counseling.

Prohibiting unnecessary exclusion

A physical disability per se should not be a pretext to arbitrarily exclude a student from courses in a particular subject area. In many instances modified equipment or special instructional procedures will enable even a severely disabled student to successfully participate in the same course as his/her nondisabled peers. In other instances special class placement will enable students to gain knowledge and skills in a subject area at a level compatible with their functional capacities. P.L. 94-142 (Section 121a.202) specifically forbids unnecessary exclusion, stating that "each State and local educational agency should take steps to insure that handicapped children have available to them the variety of programs and services available to nonhandicapped children, including art, music, industrial arts, home economics, and vocational education."

Counselors should be alert to the possibility that a student may request exemption from a course because of his/her disability, when the disability does not in fact necessitate exemption. The underlying reason for requesting the exemption could be unjustified parental prohibition of virtually all physical activities, lack of information regarding special equipment and procedures that can assist the student in the course, or unhappy experiences in a certain subject area at a previous educational level. A careful explanation of the nature of support services and other accommodations available to the disabled student, followed by observation of classroom activities in a regular or modified program, may help to alleviate fears of the parent or student.

There are instances when course exemption is justified, as in the case of a deaf student who is exempted from meeting a graduation requirement in music. All too often though, schools will unnecessarily exclude students from certain courses because the students are disabled. Courses from which physically disabled students traditionally have been excluded are physical education, driver education, science laboratory courses, vocational laboratory courses, home economics, and typing.

Physical education: All disabled students should be expected to meet graduation requirements in this area through enrollment in regular or modified physical education courses. The proposed regulations for implementing P.L. 94-142 state:

- Physical education must be made available to every handicapped child receiving a free appropriate public education.
- Each handicapped child must be afforded the opportunity to participate in the regular physical education program available to non-handicapped children, unless:
  - The child is enrolled full time in a separate facility;
  - The child needs specially designed physical education, as prescribed in the child's individualized education program;
  - The parents and the public educational agency agree that the child should not participate in the regular program.
- If specially designed physical education is prescribed in a child's individualized education program, the public agency responsible for the education of that child shall provide the services directly, or make arrangements for it to be provided through other public or private programs.
- The public agency responsible for the education of a handicapped child who is enrolled full time in a separate facility, or who is not able to participate in the regular physical education program, shall take steps to insure that physical education provided to that child is comparable to services provided to non-handicapped children. (Section 121a.203)

Participation in some form of physical education affords students the opportunity to acquire skills necessary for participating in recreational activities with their disabled or able-bodied peers. Moreover, a physical education program tailored to the needs of the individual student can promote physical stamina and the development of motor skills, areas which are essential if a student is to develop to the utmost his/her personal management and employment capabilities.

It should be emphasized that for some severely disabled students a modified program may be required. Enrolling the student in a regular course where s/he spends most of the time serving as scorekeeper is demeaning and nonbeneficial. In a modified course the instructor provides a program of individualized activities and exercise consistent with medical recommendations provided by the student's physician.

A most valuable resource for planning programs of physical education and recreation is:

> American Alliance for Health, Physical Education, and Recreation. Distributes information for planning health, physical education, and recreation programs for persons with visual impairments, hearing impairments, neuromuscular/orthopedic disabilities, and other disabilities and chronic health problems. (See National Resource Section.)

Driver education: Many physically disabled persons — including those who are quadriplegic, paraplegic, hearing impaired, visually impaired, and epileptic (with controlled seizures) — are capable of learning to drive and are eligible for licenses. Excluding a student from instruction in this area imposes a barrier to independent living, social opportunities, and occupational choices.

Many high school students with physical disabilities will require only minor modifications in their driver education course, such as individual (rather than small group) road training or classroom materials at a particular reading level. The more severely disabled student may need a car with adapted equipment, or specialized screening and instruction. The Department of Motor Vehicles in each state should be contacted for information on licensure and on special screening and driver education programs which may be offered to physically disabled residents of the state. Helpful resource materials which can be ordered are:

> John DeLellis, The handicapped driver's guide. Annotated listing of resources including: manufacturers and distributors of adaptive equipment, driver training programs, and training programs for driver education teachers serving disabled persons.
>
> Randall Jose & James Butler, Driver's training for partially sighted persons: An interdisciplinary approach. In New Outlook for the Blind. Describes a three-part program of evaluation and training for determining a partially sighted person's qualifications to become a licensed driver.
>
> Patrick Kelly, Building safe driving skills. A teacher's guide, student textbook, chapter tests, and workbook are designed for driver education programs for students with poor reading skills (useful for hearing impaired students with reading deficiencies).
>
> Tips on car care and safety for deaf drivers. Section I discusses ways hard of hearing and deaf drivers can visually and tactually detect when the car is not operating properly. Section II, intended for the young deaf driver in a driver education course, discusses safe driving tips.
>
> Vermont's program of individualized driver education for the handicapped. Describes a model program of screening and driver education for physically disabled persons.

Science laboratory courses: It is frequently assumed that most disabled individuals will be of danger to themselves and others in a science laboratory. Such a sweeping generalization is unwarranted. Without diminishing the importance of health and safety factors, students should not be arbitrarily excluded from the laboratory segment of science courses. A variety of approaches for integration can be used depending on the specific capabilities of the student. In some instances physical limitations may relegate the student to an observer role in which s/he watches a classmate perform the experiment or listens to the laboratory partner's verbal description. In other instances the student will be capable of executing an activity either independently, with a "buddy" system arrangement, or with use of adapted equipment. It should be noted that a student who normally is an active participant in the laboratory process may have to be excused on occasion from certain activities which are obviously impossible or hazardous.

Vocational laboratory courses: Modified equipment and special instructional techniques and support services can enable virtually all disabled students to have a successful learning experience in a variety of regular and modified vocational courses. Disabled students should be encouraged to enroll in these courses to further career objectives. Even severely disabled individuals are gainfully employed in an amazing variety of vocational-technical fields. An increasing number of junior colleges and technical institutes have developed specialized programs and services for physically disabled students who wish to further their training. Exploratory courses and activities at the K-10 level to be followed by advanced courses at the student's high school or an area vocational center is a career development sequence that should be open to all students, be they physically disabled or able-bodied. Resources on accommodating physically disabled students in vocational laboratory courses are:

> M. Dahlke & R. Douglas, Job descriptions and physical demands requirements with job restructuring for the handicapped. Focuses on unskilled clerical, industrial, and service occupations. Job data describes tasks that persons with various disabilities can perform and adaptations of tools and equipment.
>
> Industrial arts for blind students. Presents standards for curriculum, organization, and equipment.
>
> L. Allen Phelps & Ronald J. Lutz, Career exploration and preparation for special needs learners. Includes detailed suggestions regarding equipment modifications and modified instructional procedures that will enable disabled students (including those with visual, hearing, and orthopedic impairments) to participate in regular or special vocational programs.
>
> M. LeRoy Reynolds et al, Vocational education/special education project: A project to train vocational education and special education teachers to work cooperatively in occupational preparation of handicapped persons. These comprehensive materials consist of 10 occupational area curriculum guides plus a program guide which presents a project overview, suggestions for inservice teacher training, and student employment task modules. Each guide delineates

specific "language of the task" and "quantitative concepts" that must be mastered for each lesson. The guides focus on mainstreaming special needs students into a regular vocational program. A pamphlet describing the materials is available upon request.

Workshop for industrial arts instructors for blind students. In Hanninen, Teaching the visually handicapped. List of suggested practices with blind high school students in industrial arts. Focuses on minor equipment modifications and modified teaching procedures.

Home economics: The area of home economics has special relevance for physically disabled adolescents. Such aspects of daily living as care of one's clothes, housekeeping techniques, and shopping for and preparing foods are abilities that most able-bodied students have acquired by their teenage years. This may not be the case for the more severely disabled student. Sweeping a floor, preparing a meal, or replacing a bulb in a desk lamp are activities that some disabled adolescents have literally never undertaken. Enrollment in a regular or modified home economics course is one way to remedy this deficit. Safety precautions must be observed and the courses should be open to both young men and young women. One observation is relevant here: if students are to benefit from the course, they must be active participants in most of the class activities. Suggested resources are:

Albert Asenjo, A step-by-step guide to personal management for blind persons. Includes suggestions for modified procedures in such areas as general house care, food preparation, simple sewing, and child care.

Karen Hodgeman & Eleanor Warpeha, Adaptations and techniques for the disabled homemaker.

Home economics guide for visually handicapped students.

Fern M. Horn & Anita O. Barsness. Annotated bibliography of instructional materials for use by home economics teachers with educable mentally retarded students. Comprehensive bibliography including teacher resources and publications for student use. Computed reading level given for each entry. Useful guide for teachers who are instructing physically disabled students with poor reading skills.

Edward W. Lowman & Judith L. Klinger, Aids to independent living: Self-help for the handicapped. A basic reference book on over 2,000 gadgets, devices, and aids. Identifies sources for ordering equipment.

Helen McCullough & Mary Farnham, Kitchens for women in wheelchairs and Space and design requirements for wheelchair kitchens.

E. K. Tipps, Cooking without looking: Food preparation methods and techniques for blind homemakers. Step-by-step instructions especially helpful to high school students. Available in braille and large type.

Veronica Washam, The one-hander's book: Helpful hints for activities of daily living.

Virginia Hart Wheeler, A manual for training the disabled homemaker.

Typing: The ability to type is a necessity for many visually impaired persons and persons with severe hand involvement if they are to effectively communicate in writing to others. Typing is also mandatory for students who will attend college. Special mechanical devices and techniques have been developed that can aid individuals with cerebral palsy or other disabilities affecting the upper extremities to type adequately. Resources on special typing instruction and equipment include:

Nina K. Richardson, Type with one hand.

Typewriting Institute for the Handicapped. A source of special typing equipment. Distributes the Dvorak one-hand typewriter. See Appendix 1 for address.

See also text and resources, pp. 203-204 of this chapter.

CONSULTATION WITH FACULTY

Because the regular classroom teacher's experience in serving physically disabled students is typically limited, it may be a responsibility of counselors to consult with teachers about the needs of these students. Many student-teacher problems can be forestalled if the teacher is provided with basic information regarding the more severely disabled student. Success or failure in the regular classroom may very well depend on these consulting activities. Consulting functions may include:

- Conducting inservice sessions for teachers regarding the instruction of the physically disabled

- Conferring individually with teachers about their feelings toward serving physically disabled students in their class and about special classroom needs of a particular disabled student
- Serving as a "trouble shooter" to assist the teacher in coping with specific problems that arise
- Assisting teachers to arrange support services for disabled students.

Each of these functions is discussed below.

Conducting inservice sessions

P.L. 94-142 [Section 613(a)(3)] requires each state to provide inservice training for general and special education instructional and support personnel to prepare them to serve disabled students. Prior to the state's implementation of inservice programs, or as an adjunct to the state-sponsored programs, guidance and special education departments in the school can collaborate on inservice sessions for teachers, focusing on:

- Recognition of different types of disabilities, how these may affect the students' performance in the classroom and laboratory, and aids and appliances used.
- Specialized instructional materials, equipment, and devices that will help the student compensate for his/her disability and enable him/her to succeed in the classroom, laboratory, or on-the-job.
- Specialized in- or out-of-class support services (tutorial assistance, instructor aide, reader, interpreter, notetaker, etc.) that will enable the student to succeed in a regular class setting.
- Recommended classroom management techniques. While these will have to be individualized by each teacher for a particular student, general considerations may include: problems of seating; standards that should be set for the student; ways to facilitate communication with the hearing impaired; the degree of verbal participation to be required of the student; special provisions in regard to testing procedures, homework assignments, or participation in the laboratory; dealing with the feelings of other students toward the disability; and teacher and peer attitudes that can facilitate the disabled student's adjustment.

Later sections of this chapter on adapting instructional services can be circulated to teachers and used as a basis for group discussions in inservice sessions. Other recommended resources for inservice training are:

> Barbara Aiello, Mainstreaming: Teacher training workshops on individualized instruction. Four inservice teacher training workshops (six hours of training) for use with regular class teachers and special educators. Topics include Mainstreaming, Attitudes and Alternatives, Informal Diagnostic Techniques, Prescriptive Teaching Skills, and Something From Nothing. Contents: Guidelines for workshop leader; 4 simulated learning activities; book Instructional alternatives for exceptional children by Evelyn N. Deno.
>
> Area Manpower Institute for Development of Staff, Final report -- National curriculum development project for vocational educators of disadvantaged and handicapped students. This training package (slides, records, text) provides details on how to individualize instruction for special needs students enrolled in regular vocational programs. The materials include detailed suggestions regarding instructional modifications and procedures for planning and implementing inservice training institutes.
>
> M. C. Reynolds & M. D. Davis. Exceptional children in regular classrooms. Presents a series of stimulating approaches to improving the competencies of teachers who work with handicapped students in regular classrooms.
>
> M. LeRoy Reynolds et al, Program guide: Vocational education/special education project. Includes overview on teaching students with special needs (including students with hearing, visual, and orthopedic impairments) in an integrated classroom setting. These materials are specifically designed for the high school level. The suggestions are equally applicable to academic and vocational courses.

Some service organizations of and for disabled persons may have suggestions for inservice training of instructors or may be willing to confer on an individual or group basis with school personnel. See your State Resource Section to identify such organizations.

Conferring individually with teachers

While inservice sessions can give teachers a general overview on serving physically disabled students in the regular classroom, individual consultations with teachers are often necessary when the students to be integrated require classroom adjustments. One-to-one conferences are useful to discuss both specific information about a particular student and the teacher's feelings about having the student in the class.

The counselor should inform the teacher in advance that the student wishes to enroll in his/her class and provide the teacher with a precise statement of the student's capabilities and special classroom needs. Information from the student's placement assessment may be used or, if necessary, the student's physician should be contacted. The student should always participate in formulating the statement and if s/he can do so adequately, should present the information to the teacher. (It is important to note that in some instances students may not wish to reveal their disability — a preference which is understandable but not always advisable. Whenever possible, the student's right to privacy is to be respected. However, the teacher should always be informed of a disability in those classes where the safety of the student or of others may be involved or where instructional services must be modified. Counselors should not take lightly the student's wish to conceal the disability and should counsel the student about the issue.)

The following is a sample report of facts bearing upon classroom performance of the student and considerations expected of the teacher:

> *Miss J. has impaired vision. She wears corrective lenses, but even with this assistance, there are certain visual activities which are beyond her capacities. She can see the blackboard, illustrations, films, etc., in good light from a distance no greater than 3 feet. The fluorescent lights in your room will be helpful to her even on days when there is usually enough daylight so that you would not ordinarily turn on the lights. She is accustomed to sitting in the front row as close as possible to the place from which you teach. This enables her to see your face more clearly and to catch some of the subtleties of your expression. Her vision*

> *is good enough for her to take her own notes. . . .She can also take essay examinations without special help through using a magnifying glass which she carries with her. However, reading materials for periods over a quarter of an hour tends to result in physical symptoms which lessen her efficiency. If you give quizzes or objective tests which require more than fifteen minutes of reading, she should be given two days' notice or more so that she can arrange to hire someone to read the material to her. Very soon after the beginning of the term, Miss J. will discuss the qualifications of several readers with you. You may accept or reject any of them. She will be permitted to take such tests in the Counseling Service under the supervision of one of the secretaries who has had some experience in making arrangements. Miss J. will have many of your assignments read to her. However, she has had considerable experience in doing this and expects to meet all the requirements of your course. You should expect her to complete all the work assigned to the class.* (Rusalem, 1962, p. 117)

The counselor should then offer to meet with the teacher to answer any questions about the information imparted and to discuss any concerns the teacher might have. Rusalem's (1962) comments regarding college faculty are equally applicable to their high school counterparts:

> *Some instructors have highly personalized feelings about certain disabilities, but after ventilating them, they may feel more positively about their responsibilities to students with marked physical limitations. The counselor can [also] suggest mechanics which may assist the teacher and the student to work together more smoothly. These suggestions are usually simple ideas which facilitate classroom organization and management as they concern the disabled student. . . . Given this level of help, most faculty members soon become fully independent in their relationships with severely disabled students. If the counselor can help them to see the realities of the disability, as well as the essential intellectual and emotional normalcy of these handicapped students, it will contribute to the well-being of all students in the institution.* (p. 119)

A few teachers may continue to react adversely to the presence of certain disabled students, and may be so resistant to attempts to ease the problem that the only alternative is to transfer the students to another class. Such conflicts should not be common, however. There is evidence at all instructional levels that the hestitation of regular teachers to instruct the physically disabled decreases as they have the opportunity for favorable contacts with these students.

If, after classes start, the student appears to be having difficulty in adjusting to class routine in more than one class the counselor can call an informal meeting of all teachers who are instructing a particular student. Recommended modifications of classroom procedures can be presented and discussed. Teachers in whose classes the student is having a relatively successful learning experience may be able to make valuable suggestions to their colleagues regarding classroom management procedures or psychosocial issues. Teachers should have an opportunity to query the counselor (the resource room instructor and other support staff might also be present) and to jointly plan strategies designed to help the student to compensate for any physical, educational, or psychosocial deficits that appear to be directly affecting classroom performance.

Serving as trouble shooter for problems that arise

If care has been given to the course selection and placement process, any problems that do arise are more likely to be caused by misunderstanding and affective factors than by a student's inability to perform the required work. Inadequate classroom performance may be related to a number of factors.

Standards: It is neither expected, nor necessary, that instructors modify the substantive content of courses in order to accommodate most physically disabled students enrolled in regular classes.* Disabled students in these classes should be expected to acquire the same knowledge of subject matter as their nondisabled classmates, but modifications of classroom procedures, equipment, or materials must be permitted whenever needed.

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* There may be exceptions to this general criterion. A youngster may be both educationally handicapped and physically disabled. Or the physical disability may be so severe as to preclude attainment of regular standards of performance. In these instances extensive curriculum modifications in the regular classroom or special class placement may be required.

Counselors may be called upon to establish policy regarding the expected performance of a disabled student enrolled in a regular class. To establish an effective policy, counselors should meet with teachers to discuss the issue of realistic standards. The following guidelines should be observed:

- Standards of performance that are integrally related to the student's career or educational goals cannot be diluted. A visually impaired student in an automechanics course must meet the same performance standards as his/her sighted peers.
- Faculty may have to examine the philosophy underlying the norms they have established for performance. If the primary objective of a course is to acquire certain mechanical skills, then a language impaired student should not be penalized for answering exam questions correctly, but with inadequate grammar or spelling. In some instances, an individualized approach may be needed to accommodate a particular student. A student with a speech impairment (but with normal hearing) enrolled in a foreign language course could be excused from classroom activities requiring oral speech but should be expected to meet regular class norms in regard to reading, writing, or listening comprehension activities. To give another example: where the purpose of the laboratory component of a science course is to expose students to processes they must understand, then a disabled student's observation in the laboratory should be accepted as an adequate substitute for actually performing experiments; on the other hand, such an exemption would be inappropriate in a course training a person to be a laboratory technician.
- While the substantive content of a student's education cannot be compromised, the time frame in which the knowledge is acquired and the method of acquiring and demonstrating the knowledge should be open to modification. When students require a great deal of time to pursue their course work, it is best to reduce the number of courses taken per semester, rather than reduce the number of pages of reading required in a particular course. Students taking a reduced course load can enroll in summer school or can elect to spread their high school program over a four-and-one-half year or five-year period.
- The content of examinations should be the same for both nondisabled and disabled students; however, flexibility in administration and test-taking procedures is necessary. In some instances the instructor may choose to orally administer a test that other students are taking in written form. This is applicable to the visually impaired or students with severe hand involvement. Test questions may be taped or prepared in braille or large print for a visually impaired student; the student may then type or tape the answers. If a student has manipulative impairments, s/he can type the answers to written questions, or if this is not possible, orally dictate the answers to an amanuensis. Students who need

> assistance from another person, or who type or record their exam answers will most likely take the test in another room to avoid disturbing the rest of the students. A specially designated resource room is frequently used for this purpose. (Specialized test preparation and administration can be time-consuming. Instructors should not hesitate to ask for assistance from a resource room instructor, instructor aide, or other member of the support services staff.)

Expanded time allotments are left to the discretion of the instructor. When speed is a criterion in testing, the instructor should acknowledge that oral administration, dictation to an amanuensis, or use of braille or large print materials may require additional time.

Underestimation of student abilities: When the instructor pities the student or overestimates the effects of the disability, his/her low expectations of the student may result in the phenomenon of the "self-fulfilling prophency." That is, these lowered expectations may actually have an unintended influence on the student's performance: "The teacher gets less because s/he expects less." (Rosenthal & Jacobsen, 1968, p. 220)

Underestimation of the student's capacities could also prompt the teacher to bar the disabled student unjustifiably from learning activities such as laboratory participation. Without diminishing the importance of health and safety factors, the counselor should encourage the teacher to allow the student to participate, with a "buddy system" arrangement if necessary.

Sympathy grades: An overpermissive attitude toward the student (often born of pity) may prompt a faculty member to award sympathy grades, particularly when the student exhibits behavior intended to elicit such a response. Making unnecessary exceptions may, in the long run, have debilitating effects on the individual's education, career, and self esteem. The student who wishes to enroll in a regular class should be told that certain support services and other accommodations will be provided, but that academic-vocational performance is expected to be equivalent to that of his/her nondisabled peers. This point must also be made clear to the faculty.

Diluting standards relevant to course objectives does a disservice to the disabled student. Rusalem's (1962) admonition to college faculty is equally pertinent to high school teachers:

> *...colleges should maintain a realistic attitude toward grades. In some cases, disabled students are marked on the basis of real achievement tempered by sympathy, tolerance, or pity. These emotions have no place in grading. A disservice is done to the disabled student when he/she is allowed to believe that his work is better than it really is. Such misplaced "kindness" may deprive the student of an opportunity to really evaluate his academic capacities. Occasionally, it is not so much emotion which distorts a disabled student's grade as it is a desire on the part of the instructor to play the role of therapist. He may actually believe that a successful experience in the classroom will influence the student's personality development. The effects of such an action are complex and, for the lay person, relatively unpredictable. The college classroom is not designed for psychotherapy but for learning. Grades should represent actual performance rather than be used as a tool to evoke desired forms of student behavior.* (p. 88)

No special consideration attitude: The "no special consideration" attitude may be evidenced by the teacher or by the student. In an effort to treat the student identically as other students are treated, the teacher may avoid any special considerations for the disabled individual, even when warranted. In turn, if the student is unduly defensive about being "singled out" because of a disability, s/he may be reluctant to indicate what special needs do exist. As a result, accommodations which could greatly facilitate the student's performance might not be implemented. When such a situation exists, the counselor can discuss the matter with both the student and the instructor in light of the following:

> *...special treatment in itself does not mean stigmatizing treatment. One does not debase a deaf person because one is careful to provide adequate light for lip reading. One does not debase an amputee because one gears the step to a more leisurely pace. Debasement does not depend upon how similar treatment is to the usual pattern but rather upon underlying attitudes.* (Wright, 1960, p. 239)

Using disability to appeal for favored treatment: In contrast to the individual who resists recognizing his/her disability is the person who uses the disability as an excuse to avoid the responsibility of working up to capacity. A student may request modifications in curriculum or performance standards that are not really necessary within the true limits of the disability. Some disabled students have had a lifetime of training in dependency, and in the high school setting, as in other institutions, they may reach out for favors and relaxation of rules. Counselors and faculty should not succumb to this type of seduction and pressure; it is in the disabled student's best interest to require him/her to perform realistically within his/her limits.

If the guidance staff has made a careful medical, social, and psychological study of the disabled student, it may safely set up requirements for him/her as it does for all other students. Modifications should be made only when a good authenticated case can be made for them. Otherwise, they may become a vehicle for the expression of neurotic needs by some students. Discussing the tendency of some individuals to use disability as a psychological crutch, Wright (1960) observes:

> *...there are many times when a disability may be held responsible for one's failures. Sometimes this belief may actually be the case and sometimes it serves as a convenient rationalization. In any event, ascribing failure to the disability may act as an excellent protection against the greater personal indictment that the failure and frustration were the resultants of inadequacies of the ego, such as motivation and character, for which the person is more deeply responsible.* (p. 94)

In this context, the counselor should consider the theory of what is called "secondary gains of disability":

> *The person may...welcome the dependency facilitated by his/her disability;....it may afford him social sanction for avoiding competitive striving, which he fears. All of these are motivational supports that will lead a person to cling to expectations confirming the disabling aspects of his disability.* (Wright, 1960, p. 173)

Assisting teachers to arrange support services

The successful integration of physically disabled students in regular classes will usually require one or more of the following support services: interpreting, notetaking, direct reading, taping of instructional materials, tutorial aid, peer tutoring, and matron or student aide for mobility and personal care assistance. In a large administrative unit it may be feasible to employ a person specifically to plan and coordinate supplemental educational services; in smaller units this responsibility may have to be shared by personnel in the counseling department and special education department. Coordination responsibilities include:

- Enlisting the support of the community to provide (on a voluntary or paid basis) the following services: direct readers for the visually impaired; interpreters for the hearing impaired; chaperones for field trips; persons to tape instructional materials and prepare audiovisual aids; persons to tutor disabled students on a one-to-one basis (local college students are one source for such tutorial aides).
- Organizing student volunteer services to provide notetaking, reading, peer tutoring, and mobility and personal care services. The student council can be influential in organizing such services, although the initiative must generally come from a counselor or faculty member. Physically disabled individuals should also be encouraged to serve as student volunteers to aid fellow classmates, both disabled and nondisabled.
- Advising teachers to use student teams (e.g., pairing a disabled student with one or more nondisabled peers). Not only does such a system assist in the successful integration of the student into the regular class setting, but it also serves to foster social intermingling on a one-to-one basis between disabled and nondisabled students. Moreover, if all the students in the class frequently work in teams, the disabled student is not singled out for "special" services.
- Distributing a brochure on available support services to disabled students and to school personnel (counselors, regular and special education teachers, departmental chairpersons, and placement team members). This listing should identify the services of both paid and volunteer personnel and indicate whom to contact to arrange for these services.

Additional information on support services is presented in the next section.

ACCOMMODATIONS IN INSTRUCTIONAL SERVICES: SUPPORT SERVICES, CLASSROOM PROCEDURES, MATERIALS, EQUIPMENT, AND ACCESSIBILITY

No one student's need for a unique accommodation can be overlooked. The guidance staff should be aware of specific limitations which may impede a student's progress in a regular classroom or laboratory and identify adaptations which will facilitate the learning of regular course content: support services; modified classroom and laboratory procedures for instruction; and equipment, curriculum materials, and furniture arrangements adapted to the mobility and sensory capacities of the student.

While certain accommodations will be necessary, unnecessary adjustments or fancy gadgetry are to be avoided. As Wilson (1964) has warned, there is a danger when provisions are too highly specialized: students may become so surrounded with aids and equipment designed to make things easier for them that they never learn to cope with the world outside the classroom walls.

The following sections discuss accommodations which may be necessary for students with various disabilities.

Accommodations for students with neuromotor/orthopedic impairments*

The students we are referring to here have disabilities interfering with mobility and/or with use of the upper extremities, for example, cerebral palsy, amputations, or spinal cord injuries. Each individual's needs will vary, of course, depending on: the nature and severity of the disability; the presence of additional disabilities or an educational handicap; the type of prosthetic devices and mobility aids (e.g., wheelchair, crutches) used, as well as skill in using them; and the demands of the course. For some students with severe impairments modifications in the type and arrangement of educational equipment will be necessary. Examples pertinent to all classrooms may include adjustable and movable desks and work tables, specially designed seats, and ample storage space for bulky special devices.

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* The authors have obtained many of the suggestions presented in this section from the following publication: Harold E. Yuker et al, Educational and school equipment for physically disabled students. Albertson, New York: Human Resources Center, 1967.

Conventional items of educational equipment which are designed to be non-limiting to students with physical disabilities can have educational benefits for nondisabled students as well. For example, a classroom with rows of fixed desks presents physical barriers as well as a safety hazard to students confined to wheelchairs or using crutches or leg braces. If adjustable tables replace the immovable seating equipment, the additional leg-room, larger work areas and more flexible seating arrangements will benefit all students. Equipment which can serve all students with little or no modification is most desirable.

Three pieces of standard audiovisual equipment are particularly useful in classes serving students with mobility or manipulative impairments. The overhead projector is recommended since the image projected is often larger than that which would be visible on a chalkboard. (This larger image also may be beneficial to some partially sighted students.)* Students can also prepare their work on materials that can be projected by this device so that an alternative to chalkboard work is provided. Similarly, a video tape closed circuit television arrangement with large screen monitors allows for easy viewing by students throughout the room. It also allows for the projection and storage of video tapes which teachers can use again and students can review. For demonstrations, an overhead pivoting mirror installed in a vertical position above the demonstration table allows students to view demonstrations from their seats, without crowding about the demonstration table. Such an arrangement also helps nondisabled students to view demonstrations and provides for efficient use of class time since no time need be lost in leaving and returning to seats.

Laboratory equipment and facilities may require these modifications:

- Absence of obstructions, ample space between aisles and around power equipment
- Non-skid floor for students who use crutches and wheelchairs
- Alterations in the height of work benches -- typically these have to be lowered and recessed to accommodate students in wheelchairs

- Simple cabinet handles (rather than knobs) for amputees with prostheses
- Mobile demonstration table that can be moved from student to student
- Sinks and water controls should be accessible to students in wheelchairs -- batwing faucets that require minimal manual dexterity for manipulation and gooseneck spigots that allow ample room between the sink and the spigot are especially helpful for those students with upper extremity orthopedic involvement
- Outlets, faucets and other controls mounted toward the front and side of the work station (rather than mounted at the rear)
- Guard plates (where feasible) on power equipment
- Machine switches on power equipment may have to be moved for easier accessibility
- Semi-stationary equipment should be put on variable height bases
- Regular equipment may need to be adapted, e.g., hand controls added to machines usually operated by foot controls
- Special light weight hand tools or tools with extra large handles for easy use by students with weak hands.

For specific design criteria, see the architectural accessibility resources identified on page 216.

The following minor adaptations which are desirable for orthopedically impaired home economics students are representative of quick, low-cost modifications which can be made or purchased for disabled students in other laboratory courses:

- Cutting board mounted on suction cups so that students with only one hand or with minimal strength will not have to hold the board steady
- Peeling screw to hold vegetables to be peeled
- Electric scissors for students with minimal motor control
- Grocer's hook for reaching items
- Electric mixer with a lever control instead of the dial-type speed control (also useful for visually impaired students)
- Place a lightweight sewing machine on a tray fitted over the arms of a wheelchair.

Various modifications of typewriters may be needed by students with manipulative impairments:

- Use of electric typewriters require 1/10th to 1/15th the finger pressure needed to operate a manual typewriter and reduce energy expenditure by 95%. Sometimes adjustment of touch control is all that is needed to give some disabled students control over the keys

- A Dvorak typewriter can be obtained with a rearranged alphabet on the keyboard (for one-handed typing).
- Typing sticks can be attached to holders that fit in the hands of those capable of using their hands but not their fingers.
- Place a box in front of the typewriter, so that the cerebral palsied student may rest hands on box to achieve better control.
- An arm rest can be purchased for an IBM Selectric for about $15. The typewriter is placed into the arm rest frame which gives the cerebral palsied student a rest surface in front of, and at the same height as, the typewriter.
- A plate for the cerebral palsied student can be purchased for about $5 and can be attached to the IBM Selectric typewriter. This plate is easily secured to the typewriter by drilling two holes on the frame of the typewriter and screwing the plate in place. The student then rests his/her fingers on the plate and slides up to the hole of the key s/he wishes to depress.
- The Remington Electric typewriter can be purchased with a permanent plate over the keys to help the cerebral palsied student to have better control of the keyboard.

Resources on specialized typing instruction and equipment are identified on page 190 of this chapter. For additional information on typewriter modifications one may also contact: Mrs. Inez Schmidt at Northern Illinois University.

Additional recommendations for teachers serving students with neuromotor or orthopedic impairments include:

- Permit a student for whom transporting books and supplies is a burden to have a duplicate set of textbooks or other supplies, one to be stored in the classroom and the other kept at home.
- Be familiar with the many special devices (oversized pencil or special pencil holder, easel to hold books, page turner for books, special typewriter plate) that can assist the student to compensate for lack of manipulative ability.
- Encourage a student with a manipulative impairment to learn to type; allow the student to type tests, homework, and any extensive written work required during the class period. If the noise is distracting to other students, the student can type in another designated setting.
- Arrange, or have the student arrange, notetaking services whereby a classmate makes a carbon copy of classroom lecture notes.

- Taping class lectures is not an adequate substitute for notetaking. In studying for a test, reviewing a tape of the entire lecture is extremely time-consuming.
- Allow students with manipulative impairments ample time to complete a task involving manual dexterity.
- The resource specialist, occupational therapist, or special education teacher should instruct students about the use of special devices, modified equipment, or procedures.
- Demonstrate a procedure, then let the student do it. Don't be overly concerned if the student makes a mistake; convert that mistake into a learning experience.
- Allow early dismissal from class to allow ample time and free access to the next class.
- Disabled students must be included in fire drill procedures.

Resources to consult are:

Harold E. Yuker et al, Educational and school equipment for physically disabled students.

Edward Lowman & Judith Klinger, Aids to independent living: [illegible]-help for the handicapped.

Anita Slominski, Please help us help ourselves -- Inexpensive adapted equipment for the handicapped.

Accommodations for hearing impaired students

Accommodations for hearing impaired students primarily involve modifications in materials and classroom procedures that will help the student to compensate for his/her sensory loss and possible accompanying language deficit. It should be emphasized that students classified as hearing impaired are an extremely heterogeneous group; the educational needs of a person who is congenitally deaf or who was deafened in preschool years, one who was deafened in late childhood, and one who has a mild hearing loss are likely to be quite divergent. The following support services and classroom adjustments may be required:

Notetaking: Notetaking assistance is provided by a hearing classmate who makes carbon copies of classroom lecture notes. Even if a student is a proficient speechreader or if there is an interpreter, notetaking assistance may be necessary, given the obvious difficulty of looking at the speaker or interpreter and taking notes at the same time.

Speechreading: The instructor can make the following adjustments for those individuals who speechread:

- Provide good lighting.
- Allow seating close to the front of the room.
- Avoid walking around the room and turning one's back to the students.
- Spell new words on the blackboard.
- Do not lecture while writing on the blackboard.
- When demonstrating the use of equipment, verbalize instructions before undertaking the demonstration, for students cannot watch the instructor's face and the demonstration at the same time.
- Avoid smoking or covering the mouth.
- Do not speak rapidly, exaggerate enunciation, or shout.
- Encourage students to remind you to follow these suggestions, should you forget.

Interpreters: Because speechreading is only partially effective for receptive communication, it may be necessary to have an interpreter in the classroom. For courses where technical vocabulary is used, the instructor should confer with the interpreter before the semester begins and provide the interpreter with a list of technical words. This will prepare the interpreter to fingerspell those words for which there are not signs, or to learn or develop signs for the words.

The interpreter should stand close to the instructor so that students can pick up the instructor's facial expressions and gestures. It is helpful for the instructor to pause briefly after using new words or proper nouns, so that the interpreter can fingerspell them. The instructor should verbally explain a procedure before demonstrating it.

The use of interpreters should not be limited to the classroom. If the student is to be integrated as fully as possible into all school activities, interpreters should be available for field trips, assembly programs, and certain aspects of work experience activities such as job interviews and first-day-at-work orientation sessions.

Equipment modifications: For the hearing impaired student much of the equipment used in science laboratories and vocational skill preparation courses can be the same as that used by "regular" students. The following modifications are recommended:

- A red light installed next to the switch indicating when the machine is in operation
- Bells connected to a light that turns on when the bell rings -- this adaptation is applicable to typewriters, class bells, timers, fire alarms, and emergency stop procedures.

Other instructional procedures: Additional procedures which may be needed for some hearing impaired students are:

- Find out what acoustical conditions are detrimental to students who use hearing aids; if possible, close windows when there is loud traffic outside or close classroom doors when there is noise in the hall.
- Although students may appear to understand you, question them directly every so often to ascertain whether they actually do.
- Make extensive use of visual aids (charts, overhead transparencies, slides, captioned films, etc.) to reinforce basic concepts.
- Emphasize demonstrations and hands-on experience rather than verbal explanations. This is particularly applicable to laboratory courses.
- Keep required bookwork in laboratory courses such as art, home economics, and industrial education, to a minimum. Begin with concrete examples. Work from the concrete to the abstract.
- Prepare a glossary of technical terms essential for the mastery of a particular course; definitions should be written at a reading level suitable for the student. Use a double-reinforcement procedure whereby the student uses the glossary both in the class and in a resource room setting or special education language arts class. In preparing the glossary, the subject matter specialist should confer with a remedial reading specialist or instructor for the hearing impaired.
- Consider reading level when selecting instructional materials. A variety of high interest/low vocabulary materials suitable for adolescents and young adults are now available for both academic and occupational subject areas. Materials developed for basic adult education courses and materials specifically prepared for the hearing impaired and for slow learners may be appropriate.
- The instructor and deaf student should cooperatively develop some simple signs. This facilitates communication in courses such as art, home economics, industrial education, etc. for which the services of a full-time interpreter are not available and may not be considered necessary.

- Give the student an outline of the lesson before the class or write it on the board at the beginning of the class. This will help the student follow the presentation.
- When a cassette tape or record is used in class, provide the student with a script.

These resources will be useful for instructors and support personnel serving the hearing impaired student:

Curriculum materials for vocational-technical education. Annotated listing of materials. Includes a number of curricula in the areas of food preparation, clothing construction, business education, and industrial education prepared for the hearing impaired at the Marie H. Katzenbach School for the Deaf in West Trenton, New Jersey.

Barbara M. Kannapell et al, Signs for instructional purposes. Depicts 465 new signs to use in secondary and postsecondary instruction in the following subjects: biology, chemistry, mathematics, physics, psychology, humanities, economics, history, sociology, audiology, library science, and physical education.

Robert A. Luke, Welcome to the quiet life: A handbook for adult education teachers and teacher trainers. Addresses the use of an interpreter for classroom lectures and group discussions.

Project PRICE, Working Paper #2 and Working Paper #6. Extensive annotated bibliographies of materials in the following areas: daily living skills, personal-social skills, occupational guidance and preparation, materials for professional staff. While designed primarily for use by secondary teachers of educable mentally retarded students, these bibliographies contain descriptions of certain materials that are also applicable to academic and vocational instruction of hearing impaired students.

Signs for technical vocational education. Manuals and films depicting 753 invented signs for 16 technical vocational areas plus medical sign language. Areas included are: auto body, cabinetmaking, chemical technology, commercial art, design technology, electro-mechanical technology, general office practice, graphic arts, highway technology, machine tool processes, mathematics, medical lab assistant, medical sign language, restaurant and hotel cookery, sheet metal, watchmaking.

Specialized Office for Materials Distribution. Coordinates the distribution of captioned films. See description of this organization in the National Resource Section.

E. Ross Stuckless, A notetaking procedure for deaf students in classes. Presents guidelines for the instructor, the notetaker, and the deaf student. The suggestions are pertinent as well to notetaking for students with other disabilities.

Accommodations for visually impaired students

Accommodations required for students wtih visual impairments will vary from individual to individual and may involve modifications of: teaching strategies; adapted materials and support services for reading; and special devices and equipment. These accommodations are discussed below and in Chapter 1, pp. 15-17.

Teaching strategies: Often visual teaching strategies must be supplemented with other information or experiences. Manipulation of materials is crucial for the visually impaired student. This involves tactual examination for size, texture, operation, and detail. A multisensory approach is recommended: if the individual can hear it, handle it, pace it off with hands or feet, smell it, or taste it when feasible, s/he can learn from it.

An emphasis on "hands-on" methods is also important from another standpoint. Some individuals may be prone to acquiring verbal facility at the expense of comprehension. They may be able to verbally describe a simple scientific experiment (after having read or heard about it) and yet be experientially deficient in terms of the procedures involved, what the equipment is like, or what the results imply within the context of the unit being studied. Mastery of course content requires genuine comprehension, not merely rote memory of prescribed words devoid of meaning for the student.

Additional adjustments in classroom and laboratory procedures for students with visual impairments include the following:

- In a group situation, address the student by name so that s/he will know whom you're talking to.
- In giving directions for the location of something, be certain that "left" and "right" are in relation to the student's body, not yours.
- Make adjustments, as necessary, in the seating arrangements for the partially sighted student:
    - Desks should be arranged so that natural light may be used. Care should be taken to seat the student so that shadows do not develop on the working area, unless the student prefers light dimmer than normal room lighting for some work.

  - Preferential seating will enable some partially sighted students to see the chalkboard, charts, and demonstrations from their seats.
  - Permit the student to move around the room as needed to view demonstrations, chalkboard, films, etc.

- Plan classroom activities for the partially sighted student to allow for rest periods that may be needed. Intensive visual concentration can cause fatigue.

- Take the partially sighted student's special needs into consideration when selecting classroom materials:
  - Avoid having the student work on highly polished surfaces because the glare may create visual discomfort. Similarly, glossy pictures or plastic-covered pictures and charts may cause some discomfort.
  - Diagrams, pictures and other visual displays presented to the partially seeing student should be clear and relatively uncluttered by much background detail. The same criteria applies to films, filmstrips, and overhead transparencies.

- Stress auditory modes of presentation. Make extensive use of records and tapes. This can benefit all students, not just the visually impaired. Repeat aloud what is written on the board and spell any new technical words.

- Become aware of the many special aids (braille rulers, etc.) that can assist the student to compensate for the visual impairment.

- Allow the student to use special aids and devices and recording equipment in the classroom. Braille and large print materials are bulky: reading stands and easels especially designed for use with books will help to make the mechanics of reading less tedious.

- Encourage the student to acquire notetaking skills. The use of a braille stylus or brailler will enable blind students to acquire the same skills as their sighted peers. While taping classroom lectures is a feasible alternative, this should not serve as a total substitution for the notetaking process. Taping lectures may present problems when the student wishes to review for exams, because playing back tapes involves a good deal more time than reviewing notes.

- Orient students to the physical setup of the classroom or laboratory. Keep student informed of any changes in arrangement of classroom furniture or equipment. Keep aisles clear of obstructions.

- Assist the student in organizing the work area in a systematic fashion. In the laboratory, the use of drawer organizers for small hand tools or pieces of equipment is recommended.

- Provide individual instruction regarding the use of each piece of classroom or laboratory equipment. Give the visually impaired student ample time for accumulating finger knowledge. The teacher may aid student in moving fingers for gathering information.
- Assist the student in modifying techniques that are needed to complete a learning assignment in the science or occupational laboratory. A technique is transferable from one set of circumstances to another, whereas a special device may not be. Assistance from a resource specialist may be required.
- Use a team approach in laboratory courses such as art, science, home economics, industrial education, physical education, etc. In these situations the visually impaired student has a sighted partner and the two share the task to be completed.
- Permit supervised tactual exploration of equipment that the teacher or students will be using to perform an experiment. Give a verbal explanation of the procedures used to perform the experiment.
- Provide instruction (by resource room or special education teacher) regarding Nemeth Code symbols used in mathematics and science.

Materials and services for reading: Methods of reading include using: braille, large print, or recorded materials, optical aids, and reader services. Braille is the system of touch reading used by some, though not all, blind persons. The entire system is derived from arranging combinations of embossed dots to represent the alphabet and numbers as well as scientific, mathematical, and musical notation. Records or tapes of printed materials are frequently used. One of the more effective media used by the partially sighted is enlarged print. Large print materials (generally 18- and 24-point type) are available from a number of sources. Typewriters with large print are available and the teacher can use one to prepare instructional or test material. Certain students will be able to read regular print materials with the use of optical aids.

At the high school level, blind or partially sighted students generally will require the assistance of readers to assist them in performing library work or in studying course materials for which braille, large print or recorded versions are not available. The student may wish to tape the reader's presentation so it can be reviewed at a later date. A specially designated room or a secluded, relatively soundproof carrel in the library or resource room will facilitate the reading process.

Reading for the visually impaired student entails preparation on the part of teachers and students to ensure that needed materials will be available at the right moment or that reader service is accessible when assignments call for materials not otherwise readable by students themselves. Advanced selection of courses may be necessary so that texts not already available in large print, braille, or recorded version may be forwarded for transcription.

Regular teachers should not hesitate to request assistance from the special education staff of their local educational agency regarding the acquisition of specialized instructional materials for the visually impaired. In many instances these materials will be available through the special education district or similar cooperative arrangement or from the State Department of Education.

A primary resource for educational materials in large type, braille, and recorded format is:

> The American Printing House for the Blind. (See National Resource Section for further information.)

In addition, certain volunteer service agencies will tape textbooks free of charge for the visually impaired. Usually the text must be forwarded about three months in advance. (Contact the specialist on services for visually impaired students in your State Division of Special Education to identify such agencies in your state.) A helpful pamphlet on texts for blind students is:

> Gilbert Field et al, Recorded and braille textbooks: Everything the blind student needs to know.

There are certain problems in using alternative versions of regular printed material. Reading rates for braille and large print are quite slow. By high school, the blind student reads an average rate of about 65-75 words per minute in braille, as compared to 250 words per minute for sighted students. Consequently, completing an assignment with extensive reading takes much longer for blind students, and the slow rate in reading is often thought to be responsible for educational problems at the secondary level. Large print reading is also relatively inefficient since the reader is unable to scan a line of print with the same degree of proficiency as a person reading regular print. Since braille and large print reading rates are slow, greater use of auditory communication can do much to decrease the time needed to cover assignments requiring extensive reading. Recordings made for the blind at the American Printing House for the Blind are approximately 175 words per minute, which is substantially greater than the average braille or large print reading rate.

While recordings are generally a satisfactory alternative to the printed word, there are problems in using them. For example, the quality of some recordings may be poor and students frequently have difficulty in finding a particular place in a book. A frequent obstacle to the use of recordings is that the user's mind is apt to wander while listening, resulting in significant loss of information. (The same problem can occur when using a direct reader.) One solution to this listening problem is to take notes, that is, to actively engage in study. The notetaking process in itself may pose a problem, however, in that it takes two hands to operate a brailler, which means that no hands are available to operate recording equipment. Instruction in how to operate recording equipment and how to effectively listen to a recording is essential and should be a part of the special help provided by a resource room specialist or language arts teacher.

Devices and modified equipment: Visually impaired students can and should be encouraged to participate in the same mathematics, science, and occupational courses as their sighted peers. While many blind and partially sighted individuals can use the same procedures and equipment as their nondisabled classmates, certain modifications may be required. These include:

- Braille devices and instruments such as rulers, micrometers, calipers, vernier rules, transformer testers, feed indicators for lathes, and braille shorthand machines and stenotype devices. (Braille instructions regarding their use are available.)

- Easily accessible control dials and switches on machines; special control dials with raised rather than visual marking -- one can use brailled tape or raised marks (e.g., dots of Elmer's glue)
- Guard plates (where feasible) on power equipment
- Apparatus that is audified, that is, modified so its measurements can be heard rather than seen; this principle also can be applied to visual warning signals
- Electronic light probes can be used for exploring parts inaccessible to fingers: the electronic light probe uses a photocell and an optical probe which when moved along a dial of a meter can indicate, by sound, the reading on the dial
- Embossed diagrams and three-dimensional models (especially pertinent for geometry and various science and vocational skill preparation courses); three dimensional models; raised-line (embossed) drawings (e.g., the Sewell Raised-Line Drawing Kit which permits a sighted teacher to draw a diagram and have it immediately available for the blind student during class)*.

Major sources for information and acquisition of these devices are:

Aids & appliances for the blind and visually impaired.

American Printing House for the Blind. Write for their circulars on aids and equipment.

Science for the Blind Products. Write for their catalog.

Resources on instruction and services for blind and partially sighted students are:

Kenneth A. Hanninen, Teaching the visually handicapped. See in particular: Chapters 4, 6, and 10, which provide information extremely pertinent to the instruction of visually impaired students; and Appendix G, an excellent summary of modifications for industrial education courses. (Suggestions also apply to certain science laboratory courses.)

Arthur Helms, Tape recording books for the blind.

David Ray Henderson, Laboratory methods in physics for the blind. Although focusing on physics instruction, the methods discussed are applicable to laboratory work in a number of areas. A bibliography identifies additional references relative to scientific instruction for the blind.

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* It should be noted, however, that tactual representation may not always be necessary. It is of little value to diagram information for blind students if the same information can be conveyed as clearly and in less time using a written description or verbal explanation.

Grace D. Napier, Special subject adjustments and skills. In B. Lowenfeld (Ed.), The visually handicapped child in school.

Recording science texts for the blind.

ARCHITECTURAL ACCESSIBILITY

Quite obviously, an architecturally accessible facility is mandatory if students with physical disabilities are to be accommodated. Architectural accessibility is not a privilege for the disabled person, but rather, a right. The adopted regulations for implementing Section 504 of the Rehabilitation Act of 1973 mandate that any program or activity receiving or benefiting from funds from the Department of Health, Education, and Welfare may not prevent handicapped people from entering or participating because its facilities are not accessible. Since most schools are recipients of federal funds, they will be subject to Section 504 regulations. The proposed mandate does not require that every building, classroom, and stairway be made accessible. Although total accessibility of the entire educational site is preferable, educational programs and school activities can be made usable by disabled individuals if some areas are renovated, and classes and activities are then relocated to those accessible areas. The disabled individual must have access to all programs, services, and activities to which nondisabled persons have access.

School planners should contact the Office of Civil Rights in their Regional Department of Health, Education, and Welfare for further information on obligations relative to accessibility. Planners should also confer with their State Architectural Barriers Board or State Department of Education to identify state architectural accessibility requirements, and to obtain consultation services and/or financial aid which may be available.

The following resources contain information and illustrations that will be extremely useful to school planners and to personnel performing renovations:

Barrier free site design.

Stephen Cotler & Alfred DeGraff, Architectural accessibility for the disabled of college campuses. An excellent resource, applicable in large part to secondary level schools.

Phyllis Tica & Julius Shaw, Barrier-free design: Accessibility for the handicapped.

ORIENTING STUDENTS TO THE SCHOOL

Orienting new students to the school setting is of paramount importance (as is orienting their parents -- see Parent Involvement). For incoming freshmen or sophomores an orientation plan consisting of several small group sessions at both their current attendance center and the new site is recommended. These sessions should be held prior to the time the student needs to plan a course of study for the coming year.

While a primary purpose of these sessions is information giving, students should be encouraged to ask questions and share with the counselor and each other concerns they may have regarding the new school environment and what may be expected of them. To an even greater extent than their nondisabled peers, students with a physical disability may feel ill at ease in a new situation: in addition to the transition problems facing all students (making new friends, adjusting to a new curriculum and new classroom performance standards), disabled students may have to confront situational barriers related directly or indirectly to their disability.

The orientation plan should include:

- Information on courses and extra-curricular activities open to all students as well as those specially tailored for disabled students.
- Information on ways in which the counselor and other ancillary and support service personnel can help the student.
  - Students should have an opportunity to meet and talk with members of the counseling staff, resource room instructor, school nurse, speech therapist, interpreter, and other individuals who may be providing them with specialized services.

  - The counseling process itself may be a new experience for the student. The counselor may need to explain that: counseling is a service open to all students (not just reserved for students who are disabled, who are discipline "problems", or who have academic difficulties); that it is more than psychometric testing and planning a course schedule; that all matters discussed will be held in strict confidence (even from parents) if the counselee so wishes; that not all problems can be solved in one or two counseling sessions; and, most importantly, that counseling is a cooperative effort and the counselor cannot solve the student's problems for him or her.
  - At the discretion of the counselor, members of an orientation group might engage in a number of role play activities that focus on situations a new student with a physical disability may encounter (e.g., how to request assistance from a teacher or able-bodied classmate; how to cope with stares, teasing, or excessive questions regarding the disability and/or prosthesis; how to politely refuse help that is not needed). Disabled students currently enrolled at the high school could be used as resource persons for this activity. This can introduce new students to relevant role models and can help them overcome feelings of isolation (e.g., my problem is not unique; s/he overcame a series of obstacles so perhaps I can too).

- Orientation to the new physical plant, with special attention to architectural accommodations (e.g., braille signs, location of elevators and ramps, lowered drinking fountains, special restroom facilities, etc.).
  - A one-shot preview will usually not be sufficient for severely disabled students. Severely visually impaired students will need specialized mobility and orientation instruction after their class schedules have been determined. Students with lower extremity limitations (e.g., those using a wheelchair or crutches) may also need help in determining the most feasible route from one class to another and to other locations. It is the counselor's responsibility to arrange with a school or community-based mobility and orientation specialist to provide specialized instruction for the visually impaired student. For students with orthopedic impairments the counselor or a faculty member will most likely be the person responsible for orientation to the new physical plant. If the counselor does a trial run in a wheelchair s/he will gain insight into problems the student might encounter.

- Orientation to equipment accommodations.
  - Students should observe special aids and devices and modified equipment available to them in the resource room, academic

classrooms, vocational shops and scientific laboratories. If at all feasible, students should see other individuals using this equipment and, in addition, should have an opportunity for carefully supervised hands-on experience.

COLLEGE ADVISEMENT

A number of disabled students, including those with severe impairments, will be able to successfully pursue a college education. In general, the college advisement process for these students will be similar to that for nondisabled students. Some special considerations should be noted however.

Coordination of services with the local Vocational Rehabilitation Office

Financial assistance for postsecondary education may be available to qualified disabled students through the State Vocational Rehabilitation Agency (VR). Basic requirements regarding eligibility for VR services include:

- The presence of a physical or mental disability
- The existence of a substantial handicap to employment
- A reasonable expectation that vocational rehabilitation services may render the individual fit to engage in a gainful occupation.

Articulation between the school guidance staff and the local VR Office will facilitate delivery of needed services to the individual student. Suggested responsibilities of the school counselor include:

- Inform the student and his/her parents of the possibility of financial aid for postsecondary education through the VR.
- Maintain close contact with the local VR Office. Be informed of specific requirements regarding client eligibility for postsecondary financial aid and related services.
- Help the student to initiate procedures to become a VR client if s/he has not already done so.

Students desiring financial aid for postsecondary education should initiate procedures to become a VR client no later than the fall of the senior year. This will permit the student to comply with VR requirements (e.g., to apply for other sources of financial aid) and will allow the VR counselor time to become familiar with the client's needs and to collect medical and other diagnostic data. The student's school record (transcript of courses and grades to date, medical data, psychological evaluation and vocational assessment data, employment data) may be of assistance to the VR counselor. (Parental consent is required before the school can release this information.)

Assessment of college potential

As is the case with able-bodied students, the advisability of college attendance depends on a number of factors. The following criteria adapted from Bauman's work (1962, pp. 25-56) are recommended as guidelines to aid both the disabled student and the counselor to determine the appropriateness of college attendance:

- The individual should be able to recognize any limitations that the disability may impose and to accept those adaptations (e.g., notetaking assistance, reduced course load, modified test-taking procedure) that are realistically necessary.
- The applicant should understand that college is likely to be more competitive than high school and should be able to cope with the increased pressure.
- The applicant should have a satisfactory academic record in high school. It is important to know whether grades were earned in actual competition or whether they were awarded as "sympathy" grades. The mere listing of grades and the acceptance of these grades without evaluation is one of the real pitfalls into which a school counselor (or state vocational rehabilitation counselor) may readily stumble.
- The applicant should be motivated to achieve in college. Secondary-level grades, by themselves, are not sufficient indicators of academic or employment performance. Experience indicates that a person with a strong C average, and the drive to achieve, may at the close of his/her engineering curriculum be a better engineer than the unmotivated straight A student in the same curriculum.
- The applicant has achieved, or must be willing to achieve, the highest possible degree of proficiency in personal care skills. This involves such factors as personal grooming, mobility, communication skills, and social competency.
- When emotional factors are exacerbating the physical manifestations of the disability (e.g., incoordination, slurred speech), the individual should be willing to receive counseling to alleviate the emotional problems and thus to improve functioning.

Also, if the individual exhibits habitual mannerisms (e.g., rolling or tilting the head, swaying the body) which are not caused by neuromotor impairment, s/he should try to eliminate these mannerisms.

- Competent psychometric evaluation should be undertaken. This does not suggest that the final determination for collegiate enrollment and support be based entirely on the results of the psychometric battery. It is simply another tool which can help both applicant and counselor to arrive at a sound decision.
- The applicant should have adequate interpersonal skills and the ability to be at ease with able-bodied peers -- important factors in adjusting to the college environment. The extent to which the applicant has participated in extracurricular activities is one indicator of these skills.
- The student should be in the best possible physical condition. Disabled students may need to expend more energy on coursework and personal care than their able-bodied peers.
- The disabled individual should have adequate oral or written communication skills prior to college enrollment. It is recognized that not all hearing impaired persons can become proficient speechreaders or that not all visually impaired persons find it possible to use braille successfully. The use of support services (interpreter, notetaker, direct reader) can help to alleviate these deficiencies.

  It is the responsibility of the student to have acquired proficiency in the use of support services and to have developed study habits that can help him/her compensate for any sensory limitations that s/he may possess. For individuals with visual or manipulative limitations typing is an acceptable substitute for handwriting, but it is a skill that must be developed prior to enrollment in college.
- The disabled student should gain college admission through his/her own initiative. Obviously, assistance regarding the choice of schools can be given to the disabled youngster, e.g., helping him/her to consider such factors as the quality of faculty in the particular area of interest, the quality of library facilities, and the availability of architectural and other special accommodations.

Preparing the student for college

Precollege programs may be necessary to prepare some physically disabled students for college attendance. Generally six to ten weeks long and conducted prior to the student's regular enrollment (usually in the summer), these programs are offered by service agencies, special schools, and colleges. Some involve residence at the college. There are various types of precollege programs available, geared toward one or more of the following:

- Orienting the student to the physical environment, life style, and health, social, academic, psychological, and housing services
- Improving the student's independent living skills (orientation and mobility, housekeeping, personal care)
- Remediating academic deficiencies
- Teaching academic/study skills (termpaper writing and typing, research techniques, notetaking, use of library, acquiring and using instructional media, listening skills for lectures and readers, how to budget time, typing).

Optimally, instruction and counseling in these areas should be provided during the course of the disabled student's elementary and secondary education, so that prior to college enrollment, only orientation to the college would be necessary. We highly recommend that high school counselors and instructional personnel consider the incorporation of services throughout the student's secondary program, possibly on a collaborative basis with other school districts, special schools, and service agencies. A document further describing the goals and implementation of precollege preparation programs is:

> Susan Jay Spungin (Ed.), Precollege programs for blind and visually handicapped students. Applicable in large part to programming for students with other disabilities.

A useful resource for blind students who will be attending college is:

> Handbook for blind college students. Topics include: planning and using reader services; responsibilities that blind students should assume in terms of performance; rehabilitation services; use of library services; book producers and catalogs; and the purposes and values of the consumer advocacy movement.

Dilemma for academically-able but severely physically handicapped individuals

A problem which may be encountered is the case of an intellectually superior individual whose multiplicity of physical impairments makes employment on a professional level unlikely. At issue is not whether a student can successfully complete the course of study, but rather the probability of gainful employment after graduating. Specialists in vocational rehabilitation have divergent viewpoints regarding the advisability of professional preparation for these individuals.

Cruickshank (1966, p. 486) has spoken out in the negative, arguing that the over-trained physically disabled person is one of the real tragedies of our time -- that such persons will be happier if adjusted in a less skilled job than if frustrated in a profession where the possibility of real achievement is seriously limited if not impossible. He is referring specifically to individuals whose impairments are multiple (e.g., limited mobility, poor speech, and severe involvement of the upper extremities).

In discussing this issue, Garrett (1966, p. 633) makes a distinction between college as preparation for professional employment and pursuit of a college degree for avocational purposes (e.g., intellectual stimulation, association with one's intellectual peers). He adds that great care must be taken that the severely disabled youth see the avocational role for his or her college training with some clarity. This is necessary to lessen frustration if professional employment does not ensue upon graduation.

Other specialists in the vocational rehabilitation field stress the possibility of meaningful employment for even the most severely disabled. Wright (1960, p. 348) notes that employability is not related in a simple way to degree of disability, and that many unforeseen social as well as personal forces may combine to open up opportunities for the very severely disabled person. She questions the validity of even the most expert counselor's assumption that a particular individual will be unable to put his or her training to productive use. The experience of colleges and universities which encourage the enrollment of academically-able but severely disabled students has been that these students may at times "confound the experts" and do indeed gain competitive professional employment.

The question can even be raised as to whether employability in the community should be the only criterion for deciding whether a person should enter a given program. The possibility of volunteer work and of self-employment enormously extends the avenues toward productive use of professional training.

Danger of overeducation

There is no doubt that a baccalaureate or advanced degree can open employment doors that might otherwise be closed to disabled persons. Just as with the able-bodied, however, not all disabled persons desire or can profit from a college education. Bauman's (1962) comment on the "overeducated" blind applies equally to persons with other disabilities:

> *No individual can truly profit by education beyond his capacity. For those who memorize their way through some small college -- or who are passed through the misguided kindness of teachers who would never pass a seeing person with that quality of school work -- there are years of painful readjustment to the reality that they cannot produce in a professional position. And often they themselves are never convinced of this, although all who try them in employment are! These are the college "graduates" who end as stand operators or dictaphone typists...often bitter and unhappy people who feel misused, not properly appreciated, for the rest of their lives.* (p. 17)

Postsecondary institutions with special programs/services

For some students, the successful pursuit of a higher education will be contingent upon the availability of special programs, services, and accommodations geared specifically to the needs of physically disabled students. The counselor and student should determine which, if any, of the following will be needed:

- Special classes for deaf students
- Interpreters for deaf students in regular classes
- Manual communication training for deaf students
- Tutoring services
- Notetaking services
- Vocational development services
- Personal counseling services
- Vocational placement services
- Speech and hearing services
- Medical services

- Supervised housing
- Architectural accessibility of classes, laboratories, administrative buildings, recreational facilities, and housing
- Attendant services
- Reader services
- Adapted equipment, special aids and devices
- Precollege program to orient the student to the college, remediate academic deficiencies, and/or improve socialization skills, personal adjustment, independent living skills.

The student and counselor should consult the following publications to select postsecondary schools providing the necessary features:

Abt Associates, College guide for students with disabilities. A comprehensive resource on architectural accessibility, support services, policies, and disabled student populations and organizations at 500 colleges and universities. Also includes information on outside sources of financial aid, services, learning aids.

A guide to college/career programs for deaf students (Revised 1975 Edition).

Rights to postsecondary education

The enacted federal regulations for Section 504 of the Rehabilitation Act of 1973 mandate that public and private postsecondary institutions receiving federal funds may not deny admission to disabled students because of their disabilities; nor may the institution set a limit on the number of disabled students it accepts. Admissions tests must not place the disabled student at a disadvantage: the tests used must assess the student's aptitudes and skills, rather than reflecting his/her impaired sensory, manual or speaking skills, unless these skills are prerequisite for the course of study which the applicant wishes to pursue.

To ensure that its academic requirements do not discriminate against disabled students, the institution must make any changes necessary, for example, allowing the substitution of one course for another, or lengthening the period of time for completing degree requirements. Academic requirements which are demonstrated to be essential to the student's program or professional licensing requirements would not be considered discriminatory.

Auxiliary aids must be available when necessary. These aids include: braille and taped texts, interpreters for classrooms, readers in libraries, classroom equipment adapted for students with manual impairments, and methods for making orally-delivered materials available to hearing impaired students. If the student cannot obtain these types of aids through existing resources such as the State Vocational Rehabilitation Agency or other source, then the post-secondary institution must provide the aids.

EDUCATIONAL PLANNING MATERIALS*

Abt Associates. The college guide for students with disabilities. Cambridge, Massachusetts: Abt Publications, 1976. $18.50 + $1.50 shipping for libraries, schools and other institutions ordering on purchase order basis; $18.50 prepaid. $12.00 for disabled students and their families. Discount for bulk requests (10 or more copies).

Aids & appliances for the blind and visually impaired (22nd Edition 1976-77). New York: American Foundation for the Blind, 1976. Free. Available in braille also, free.

Aiello, Barbara. Mainstreaming: Teacher training workshops on individualized instruction. Reston, Virginia: The Council for Exceptional Children, n.d. Stock No. 106. $30.00.

American Alliance for Health, Physical Education and Recreation. See National Resource Section.

American Printing House for the Blind.
Circulars on instructional aids and equipment. Free.

General catalog of braille publications. Free.

General catalog of large type textbooks. Free.

Area Manpower Institute for Development of Staff. Final Report -- National curriculum development project for vocational educators of disadvantaged and handicapped students. Montgomery, Alabama: Link Enterprises, 1972. $8.00.

Asenjo, Albert. A step-by-step guide to personal management for blind persons. New York: American Foundation for the Blind, 1974. $3.50.

Barrier free site design. Washington, D.C.: Superintendent of Documents, U. S. Government Printing Office, 1975. Free. Available from U. S. Department of Housing and Urban Development, Office of Policy Development and Research.

Cotler, Stephen R. & DeGraff, Alfred H. Architectural accessibility for the disabled of college campuses. Albany, New York: State University Construction Fund, 1976. $ .35 in stamps for postage. Available from Disabled Student Services, Boston University.

Curriculum materials for vocational-technical education. New Brunswick, New Jersey: New Jersey Vocational-Technical Curriculum Laboratory, Rutgers University, 1975. $2.00.

Dahlke, M. & Douglas, R. Job descriptions and physical demands requirements with job restructuring for the handicapped. Milwaukee, Wisconsin: Goodwill Industries, Milwaukee Area, Inc., 1972. $25.00.

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* Addresses for ordering materials may be found in Appendix 1.

DeLellis, John D. *The handicapped driver's guide*. Falls Church, Virginia: American Automobile Association, 1977. Will be available Summer, 1977. Contact local American Automobile Association Club for ordering information and cost. (Will be approximately $1.00.)

Deno, Evelyn. Special education as developmental capital. *Exceptional Children*, 1970, *37*(3), 229-237.

Dunn, Lloyd M. An overview. *Exceptional child in the schools: Special education in transition*, pp. 3-62. New York: Holt, Rinehart and Winston, 1973. $10.95.

Dwyer, William A. Career development for deaf adults -- Blue Hills breaks the communication barrier. *American Vocational Journal*, 1973, *48*(5), 37-39.

Field, Gilbert; Levine, Helen G.; & Lass, Muriel C. *Recorded and braille textbooks: Everything the blind student needs to know*. New York: American Foundation for the Blind, n.d. $ .15 each. 10/$1.40.

A guide to college/career programs for deaf students (Revised 1975 Edition). Washington, D. C.: Gallaudet College, Office of Demographic Studies, 1975. Free.

Handbook for blind college students (Third Edition). Des Moines, Iowa: National Federation of the Blind Student Division, 1975. $1.00.

Hanninen, Kenneth A. *Teaching the visually handicapped*. Columbus, Ohio: Charles E. Merrill, 1975. $12.95.

Helms, Arthur. *Tape recording books for the blind* (Revised 1968). New York: American Foundation for the Blind, 1968. Single copy free.

Henderson, David Ray. *Laboratory methods in physics for the blind*. Pittsburgh, Pennsylvania: Pittsburgh University, 1965. Available from ERIC Document Reproduction Service. ED 011 155. Hard (paper) copy, $4.69. Microfiche, $ .94. Plus postage.

Hodgeman, Karen & Warpeha, Eleanor. *Adaptations and techniques for the disabled homemaker*. Minneapolis, Minnesota: Sister Kenny Institute, 1976. $2.95.

Home economics guide for visually handicapped students. Santa Cruz, California: Santa Cruz County Schools, Office of Education, 1972. Available for cost of duplication and mailing.

Horn, Fern M. & Barsness, Anita O. Annotated bibliography of instructional materials for use by home economics teachers with educable mentally retarded students. In Instructional materials for use with educable mentally retarded students enrolled in home economics classes. Columbia, Missouri: University of Missouri, Instructional Materials Laboratory, 1975. $6.50.

Industrial arts for blind students. New York: American Foundation for the Blind, 1960. $2.50.

Jose, Randall T. & Butler, James H. Driver's training for partially sighted persons: An interdisciplinary approach. New Outlook for the Blind, 1975, 69(7), 305-307; 311.

Kannapel, Barbara M.; Hamilton, Lillian B.; & Bornstein, Harry. Signs for instructional purposes. Washington, D. C.: Gallaudet College Press, 1969. $4.50 paperback. Available from Gallaudet College Bookstore.

Kelley, Patrick. Building safe driving skills. Belmont, California: Fearon Publishers, Inc., n.d. Student textbook, $6.60. Chapter tests, $9.60. Student workbook, $2.88. Teacher's guide, $1.60.

Keogh, Barbara K. & Levitt, Marc L. Special education in the mainstream: A confirmation of limitations? Focus on Exceptional Children, 1976, 8(1), 1-11.

Lowman, Edward & Klinger, Judith. Aids to independent living: Self-help for the handicapped. Hightstown, New Jersey: McGraw Hill Book Co., 1969. $42.50 plus postage.

Luke, Robert A. Welcome to the quiet life: A handbook for adult education teachers and teacher trainers. Washington, D. C.: Gallaudet College, Center for Continuing Education, 1974. $ .50.

McCullough, Helen E. & Farnham, Mary B. Kitchens for women in wheelchairs (Circular 831). Champaign, Illinois: Small Homes Council, n.d. $ .50.

McCullough, Helen E. & Farnham, Mary B. Space and design requirements for wheelchair kitchens (Bulletin 661). Urbana, Illinois: Agricultural Experiment Station, n.d. $ .25.

A model to serve students with special needs in regular programs in Minnesota. St. Paul, Minnesota: Minnesota State Department of Education, Division of Vocational-Technical Education, 1975. Free.

Napier, Grace D. Special subject adjustments and skills. In Berthold Lowenfeld (Ed.), The visually handicapped child in school, pp. 221-227. New York: John Day, 1973. $16.00.

Phelps, L. Allen & Lutz, Ronald J. Career exploration and preparation for special needs learners. Boston: Allyn and Bacon, Inc., pending publication. Contact publisher for ordering information.

Project PRICE. University of Missouri College of Education, Columbia, Missouri.

Career education materials for educable retarded students. Working Paper #2, 1974. Available from ERIC Document Reproduction Service. ED Number 104 067. Hard (paper) copy, $3.32. Microfiche, $ .76. Plus postage.

Career education materials for educable retarded students. Working Paper #6, 1975. Available from ERIC Document Reproduction Service. ED Number 118 890. Hard (paper) copy, $2.06. Microfiche, $ .76. Plus postage.

Recording science texts for the blind. New York: American Foundation for the Blind, 1957. Single copy free.

Reynolds, M. C. & Davis, M. D. Exceptional children in regular classrooms (Leadership Training Institute/Special Education) Minneapolis, Minnesota: University of Minnesota, Department of Audio-Visual Extension, 1971. $1.95.

Reynolds, M. LeRoy; Lutz, Ronald J.; Johnson, Cleo B.; & Phelps, L. Allen. Program guide: Vocational education/special education project. Mt. Pleasant, Michigan: Central Michigan University, 1973. $3.50.

Reynolds, M. LeRoy; Lutz, Ronald J.; Johnson, Cleo B.; & Phelps, L. Allen. Vocational education/Special education project: A project to train vocational education and special education teachers to work cooperatively in occupational preparation of handicapped persons. Mt. Pleasant, Michigan: Central Michigan University, Vocational Education/Special Education Project. $35.00 total package. Each cluster guide can be purchased separately: agriculture/natural resources, automotive and power services, clothing and textile services, construction, distribution, food preparation and service, graphics and communication media, health occupations, manufacturing, office and business occupations. A pamphlet describing materials is available on request.

Richardson, Nina K. Type with one hand (2nd Edition). Cincinnati, Ohio: South-Western Publishing Co., n.d. $1.28.

Russell, Gene & Butler, David. Five-county vocational skills training program 1970-72. New Outlook for the Blind, 1973, 67(7), 301-308.

Mrs. Inez Schmidt, Speech and Hearing Clinic, Northern Illinois University, DeKalb, Illinois 60115.

Science for the Blind Products. See Appendix 1 for address.

Signs for technical vocational education. St. Paul, Minnesota: St. Paul Technical Vocational Institute, Program for the Deaf, 1977. Cost to be determined. Contact St. Paul TVI Program for the Deaf for information.

Slominski, Anita. *Please help us help ourselves: Inexpensive adapted equipment for the handicapped*. Indianapolis, Indiana: United Cerebral Palsy of Central Indiana, 1977. $3.00.

Spungin, Susan Jay (Ed.). *Precollege programs for blind and visually handicapped students*. New York, American Foundation for the Blind, 1975. Single copy free.

Stuckless, E. Ross. *A notetaking procedure for deaf students in regular classes*. Rochester, New York: Rochester Institute of Technology, 1969. Available on interlibrary loan from Rochester Institute of Technology, Wallace Memorial Library. ILL number: NTID
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Tica, Phyllis & Shaw, Julius. *Barrier free design: Accessibility for the handicapped*. New York: City University of New York, Institute for Research and Development in Occupational Education, 1975. $1.50.

Tipps, E. K. *Cooking without looking: Food preparation methods and techniques for blind homemakers*. Louisville, Kentucky: American Printing House for the Blind, 1957. Braille edition, Catalog #5-2614, $4.50. Large type edition, Catalog #4-0406, $6.80. Order must be prepaid.

Tips on car care and safety for deaf drivers. Washington, D. C.: U. S. Department of Transportation, National Highway Traffic Safety Administration, 1975.

Vermont's program of individualized driver education for the handicapped. Montpelier, Vermont: Vermont State Department of Education, Elementary and Secondary Education Division, 1976. Limited supply available free of cost. Document will be entered in ERIC system by summer 1977 under the following reference headings: Driver Education, Special Education, and Handicapped Programs.

Washam, Veronica. *The one-hander's book: Helpful hints for activities of daily living*. New York: John Day, 1973. $10.00.

Wheeler, Virginia Hart. *A manual for training the disabled homemaker*. New York: The Institution of Rehabilitation Medicine, n.d. $2.00.

Workshop for industrial arts instructors of blind students (State University College, Oswego, New York). Reprinted in Kenneth A. Hanninen, *Teaching the visually handicapped*, pp. 215-222. Columbus, Ohio: Charles E. Merrill Publishing Co., 1975. $12.95.

Yuker, Harold E.; Feldman, M.; Fracchia, U.; & Young, J. *Educational and school equipment for physically disabled students* (Human Resources Study No. 9). Albertson, New York: Human Resources Center, 1967. Free.

CHAPTER 5

CAREER DEVELOPMENT AND GUIDANCE

> *Vocational guidance is the process of helping a person to develop and accept an integrated and adequate picture of himself and of his role in the world of work, to test his concept of reality, and to convert it into a reality, with satisfaction to himself and to society.* (Super, 1957, p. 197)

The question "What will - indeed, what can - I do upon graduation from high school?" is of special concern to the disabled student and his/her family. Despite undeniable advances in recent years, the vocational prognosis for the more severely physically disabled is still not an entirely favorable one. To a far greater extent than their nondisabled peers they are involuntarily unemployed or underemployed. Such a lack of employment opportunities is an unnecessary loss both to the disabled themselves and to society at large. Society's goal should be to seek to make work possible, meaningful, and satisfying for all individuals. Kenneth Hoyt, Director of Career Education, United States Office of Education, has pointed out that to do so for the disabled person demands, first of all, that we regard his/her right to choose from among the widest possible set of opportunities equally as important as for any other individual (1974). As stated in the Section 504 Regulations of the Rehabilitation Act of 1973, schools must "ensure that qualified handicapped students are not counseled toward more restrictive career objectives than are nonhandicapped students with similar interests and abilities."

Too often we are satisfied when we have found something that a handicapped person can do. Instead we should be dissatisfied until and unless we have explored, to the fullest possible extent, the total array of work that might be possible for, and meaningful to, a given handicapped person. Our philosophy guiding this chapter is that the individual's educational, social, personal, and occupational adjustment all be considered as part of the "career" guidance and counseling process. Occupational problems cannot be divorced from personal problems. The career counselor's duties thus should include promoting aspects of healthy emotional adjustment and general social, educational, and occupational fulfillment. The student's attitudes and habits, indeed his/her whole life philosophy and experiences, are pertinent to career possibilities.

This philosophy is an outgrowth of Super's (1953) theoretical framework for occupational development and choice. The main elements he describes in this process apply equally to able-bodied and physically disabled individuals:

- People differ in their abilities, interests, and personalities.
- They are qualified, by virtue of these characteristics, each for a number of occupations.
- Each of these occupations requires a characteristic pattern of abilities, interests, and personality traits, with tolerances wide enough, however, to allow some variety of occupations for each individual and some variety of individuals in each occupation.
- Vocational preferences and competencies, the situations in which people live and work, and hence their self-concepts, change with time and experience (although self-concepts are generally fairly stable from late adolescence until late maturity), making choice and adjustment a continuous process.
- This process may be summed up in a series of life stages characterized as those of growth, exploration, establishment, maintenance, and decline, and these stages may in turn be subdivided into (a) the fantasy, tentative, and realistic phases of the exploratory stage, and (b) the trial and stable phases of the establishment stage.
- The nature of career pattern (that is, the occupational level attained and the sequence, frequency, and duration of trial and stable jobs) is determined by the individual's parental socioeconomic level, mental ability, and personality characteristics, and by the opportunities to which s/he is exposed.
- Development through the life stages can be guided, partly by facilitating the process of maturation of abilities and interests and partly by aiding in reality testing and in the development of the self-concept.

- The process of vocational development is essentially that of developing and implementing a self-concept: it is a compromise process in which the self-concept is a product of the interaction of inherited aptitudes, neural and endocrine makeup, opportunity to play various roles, and evaluations of the extent to which the results of role playing meet with the approval of superiors and fellows.
- The process of compromise between individual and societal factors, between self-concept and reality, is one of role playing, whether the role is played in fantasy, in the counseling interview, or in real life activities such as school classes, clubs, part-time work, and entry jobs.
- Work satisfaction and life satisfaction depend upon the extent to which the individual finds adequate outlets for his/her establishment in a type of work, a work situation, and a way of life in which s/he can play the kind of role which his/her growth and exploratory experiences have led him/her to consider congenial and appropriate. (pp. 185-190)

To Super's framework we should like to add the following counseling emphasis. For all individuals, be they physically impaired or able-bodied, the vocational counseling process involves more than the matching of aptitudes and abilities, or even of interests, with job demands and job requirements. In the words of Patterson (1964): "Needs as perceived and experienced by the individual, his perception of himself, and his perception of occupations (influenced by the self-concept) are the relevant factors" (p. 441).

As is implied in the above statement, active counselee participation in the decision-making process is a vital component of effective career guidance. This is especially important for physically disabled adolescents who so frequently have things done for and to them and thus may need first-hand experience in the decision-making process. What is required is what Beatrice Wright terms "co-management", that is, the counselee is part of the planning, decision-making and evaluation of his/her own case. Increased motivation and growth in self-esteem are directly related to the extent to which individuals feel they have an important role in planning their own life (Bozarth & Rubin, 1972, p. 23).

As described in this chapter, the career guidance process is not limited to a series of individual sessions between the student and guidance personnel. Also involved are a range of developmental activities including vocational assessment, small group seminars, group counseling, work adjustment programs, academic/occupational classroom instruction, occupationally-oriented field trips, work-related activities, and opportunities to acquire prevocational competencies.

One goal of the career guidance process is to assist the student in the transition from the high school environment to the world of work or further academic-occupational education. Each student should leave high school with several well-defined, realistic plans for implementation. Such plans would include:

- Continuing education in degree-granting programs or certificate-granting programs
- Entry into on-the-job training programs
- Direct entry into employment
- Rehabilitation center programs, work adjustment or personal adjustment programs*
- Long term sheltered employment*
- Homebound or other severely restrictive programs.* (Lauritsen, 1973, p. 36)

A second and related goal is to provide the student with experiences, decision-making opportunities, and interactions which will result in the formulation of a viable self concept and provide the means through which that self concept can be actualized both vocationally and avocationally. Expressed somewhat differently, the goal is preparation for all meaningful and productive activity, at work or at leisure, whether paid or volunteer, as employee and employer, in private business or in the public sector, or in the family.

Efforts to meet these goals should not be limited to the high school years. A well-articulated program of career development activities should begin in the elementary school and continue throughout the student's participation in a formal educational program. While this chapter focuses primarily on career development services on the high school level, we shall briefly address K-12 career development models, for effective and efficient career development programming in the high school is in large part predicated on adequate programming in the lower grades.

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* These options should be restricted to persons who are severely vocationally handicapped.

CAREER DEVELOPMENT, K-12

Although there are special factors to consider when implementing career development programs with physically disabled students, the basic components of the process are equally applicable to both the able-bodied and the disabled. A number of models for career development services for both nondisabled and handicapped students have been developed in recent years. These models are based on the following considerations: that career development is a life-long process; that its stages must accord with the various stages of human development; and that it is interrelated with the self concept.

The following excerpt from one of these models (Fitch, 1976, p. 63) emphasizes the sequential nature of career development activities. Figure 1 presents sample elementary-level (K-8) student goals and corresponding secondary-level (9-12) goals. Shown in this relationship, the goals illustrate the importance of establishing an elementary-secondary continuum of career development.

Program activities to meet these goals throughout the comprehensive K-12 program should correspond to the developmental stage of the student. In the words of one educator:

> *Career development activities that impact upon the educational and occupational decision making of deaf youngsters must be related to appropriate tasks of vocational development stages. For example, an appropriate vocational developmental task for a pre-school student is to develop peer relationships; for a middle-school youngster, choice of middle-school subjects; and, finally, for a high school youngster, choosing his high school curriculum and appropriate work experience.*

FIGURE 1

CAREER DEVELOPMENT GOALS*

Elementary-Level Goals		Secondary-Level Goals
The student will become aware of the tasks he performs best.	⇒	The student will develop knowledge of the aptitudes needed for successful performance in the occupations that interest him.
The student will become aware that experiences in the classroom and outside school may be related.	⇒	The student will understand the importance of school subjects as preparation for given occupations.
The student will recognize the interdependence of occupations within society.	⇒	The student will identify career opportunities in and out of the community.
The student will become aware of situations in which deferring benefits may result in greater rewards.	⇒	The student will understand his responsibility and rewards in making accommodations for the future.
The student will recognize that he has a choice in some situations.	⇒	The student will recognize that he is responsible for the outcomes of his decisions.
The student will recognize the basic tools, equipment, and materials used in work.	⇒	The student will be able to identify the appropriate tools, equipment, and materials needed to perform various tasks in a particular career area.
The student will recognize the importance of attitudes and habits in performing assigned tasks.	⇒	The student will develop attitudes consistent with task completion.
The student will recognize that individual task performance is a part of effective group membership.	⇒	The student will understand that a job done well is rewarded by self-satisfaction and recognition by others.

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* From Brian Fitch, Internal planning paper, January 1976. Columbus, Ohio: The Center for Vocational Education, Ohio State University. Reprinted with permission.

> *Therefore, career development services are not a potpourri of unrelated activities but are directly tied to the age, capacities, interests and skills of deaf youngsters - that is, to their vocational developmental tasks.* (Lacey, 1973, p. 4)

Hansen's (1972) model stresses career development as self-development, providing for "exploration of self in relation to educational and vocational pursuits and in consideration of the place that work and leisure have in a person's life" (p. 243). She states that students who partake in a program of this type become more vocationally mature persons who:

- Are aware of their own preferred life styles and work values and can specify skills, abilities, attitudes, roles and values congruent with those preferences
- Exercise some control over their own lives through conscious choices and planning and can choose from alternatives a specific goal that is achievable and will be satisfying
- Are familiar with the occupational options available in this society (major families or clusters of occupations grouped in some meaningful way), including the opportunity structure, entrance requirements, and potential psychological satisfactions
- Know the educational paths to and financial requirements for preferred occupations and careers
- Are familiar with the process of career decision-making
- Know the major resources available in the school and community and are able to identify, use, and expand those resources (printed, human, and nonhuman) most appropriate for their particular goals
- Can organize and synthesize knowledge about themselves and the work world and can map strategies for achieving their goals and modifying them if desirable. (p. 244)

We strongly suggest that it is the responsibility of guidance and special education administrators and staff in all levels of the local educational agency to collaborate in formulating a comprehensive K-12 program which can benefit all students. Materials to assist school systems in planning are:

Lorraine Hansen, A model for career development through curriculum. In Personnel and Guidance Journal.

Project PRICE, Daily living, personal-social, and occupational skills development.

David W. Lacey, Career development of deaf youngsters. In NTID InfoSeries: New thrusts in education of the deaf.

SPECIAL CONCERNS IN COUNSELING DISABLED STUDENTS

> *Vocational counseling is the process of helping an individual to ascertain, accept, understand, and apply the relevant facts about himself to the pertinent facts about the occupational world which are obtained through incidental and planned exploratory activities.* (Super, 1962, p. 2)

The goal of counseling the disabled is identical to the vocational counseling of other groups: the attainment of vocational or occupational adjustment, characterized by the fullest use of the potential of the individual in an occupation which is satisfying, which provides the means for economic independence and security, and which contributes to society (Patterson, 1971, p. 235).

The greatest difference in the vocational counseling process for the disabled is that their choices may be more circumscribed because of the handicap imposed by their physical limitations. Expressed in slightly different terms, the physical disability may impose a vocational handicap, that is, the individual is not succeeding or cannot be expected to succeed in a regular vocational program (or on the job) and the individual's disability is a contributing factor to his/her lack of success. Such an actual or potential handicap need not be a permanent condition but can often be overcome by specialized training, equipment, and devices; by medical restoration; and by guidance and placement services.

Restricted work-related and social experiences

A characteristic of some physically disabled young persons is that they will have had few of the work-related and social experiences that nondisabled children and adolescents have had. Too often disabled youngsters have been overprotected and sheltered. As a result they may be immature, lacking in self confidence, or unrealistic in their vocational aspirations. Some may have aspirations which are too low -- others have aspirations that are too high. This lack of experience places disabled students at a severe disadvantage compared to their nondisabled peers. Certainly many nondisabled high school students lack accurate information about some aspects of the world of work. However, many of their own experiences offer a good basis for understanding and integrating specific details about various occupations and for making confident judgments about their career future. Since disabled students often are lacking in many life experiences, they may be hesitant to trust their own judgment and less ready to take an active role in the counseling process. The following statement is illustrative of this point:

> *While the range of individual differences is as wide among deaf clients as hearing clients, there do seem to be some contrasting differences between the two client populations. Generally, our deaf college clients possess the following characteristics to a greater degree. They are more naive in their belief that tests and the counselors' direct advice are the primary tools for vocational choice. They have a greater lack of experience and knowledge of the world of work. They seem to have a more severe feeling of inadequacy associated with job performance and a greater dependence on others.* (Mueller, 1962, p. 501)

If the student lacks exposure to the world of work, his career planning at the high school level will tend to be unrealistic or stereotyped, e.g., "I want to be a doctor - they make a lot of money" or "My friend's father is a printer and he's deaf just like me." If students are to make tentative career choices based on something more concrete than wishful thinking or parental and peer influences, they must have ample opportunities for the following career development activities:

- Exposure to occupational information via lectures, books, pamphlets, films and filmstrips, and multi-media kits. Occupationally-oriented field trips and resource speakers afford excellent opportunities for the student both to acquire occupational information and to become aware of work opportunities available in the community.
- Exposure to physically disabled adults (including recent high school or college graduates) representative of a wide variety of semi-skilled, skilled, and professional occupations.

- Exposure to job-related equipment and devices (e.g., braille measuring instruments, etc.) that can assist a physically disabled individual in overcoming his/her physical limitations. Ideally this exposure should include opportunities to (a) observe others use these devices and (b) engage in "hands-on" experience in the classroom, vocational or scientific laboratory, or at the work site of a disabled person.
- Opportunity to acquire knowledge about one's occupational interests, strengths and weaknesses via comprehensive educational-occupational assessment that should include work samples and/or other forms of simulated work experiences. (See pp. 258-264 of this chapter and Vocational Assessment, pp. 291-296.)
- Opportunities to participate in a wide variety of academic-occupational classroom, laboratory and work training experiences. It is especially important that the physically disabled not be arbitrarily excluded from such "non-academic" subjects as art and music, physical education, laboratory science and homemaking/industrial education at either the elementary or secondary level. For some of the more severely disabled individuals, specially organized classes or an individualized program in these subjects may be needed. Supervised work experience (paid or volunteer) also is important for the physically disabled since they typically have more difficulty than the able-bodied in obtaining part-time or summer employment.

Background of educational handicap

The counselor should be aware that educational retardation may be directly related to physical disability rather than to mental limitations. A student may indeed be capable of postsecondary education or vocational-technical training despite his/her grade point average or standardized test score results. This is especially true of hearing impaired students, for whom verbal ability and reading scores are not synonymous with intelligence. A student with an educational handicap needs assistance to: remediate (if possible) the deficiency while still in high school; select occupational areas for which advanced "academic" skills are not major prerequisites; and select postsecondary institutions which include preparatory or remedial courses and services as part of the total curriculum.

Analysis of physical limitations

A major premise in counseling disabled students is to concentrate on abilities rather than limitations. This does not imply, however, an ostrich-like refusal to face reality. For the severely disabled individual, occupational choices may be circumscribed by the physical limitation. Consequently, comprehensive, up-to-date medical data from the school physician or the student's doctor is essential for occupational planning. The physician cannot always adopt counseling attitudes and responsibilities when informing the student and his/her parents of medical findings and recommendations. It is the counselor who provides the student and the parents with opportunities to discuss their feelings about the medical data and to assist them to use the information constructively in considering occupational goals. If the student is receiving physical or occupational therapy, the counselor may also wish to confer with the therapist(s) in order to discuss student abilities and limitations and to plan ways in which the physical and occupational therapy services could improve aspects of functioning related to possible career goals. The counselor must always seek the parent's and student's permission to confer with physicians and therapists.

The ideal goal of vocational adjustment is participation in an occupation in which the physical disability does not constitute a handicap. This, as is indicated, is an ideal; it cannot always be achieved. Some severely disabled persons may not be able to compete on an equal basis with the nondisabled or find an occupation in which their disabilities are not a handicap. The objective in these cases is to utilize as much of the potential of the individual as possible in the most suitable occupation which can be found.

A prerequisite of vocational adjustment is to know the precise limitations of the disability in terms of the physical capacities of the student and in terms of the environmental conditions which should be avoided. Bridges (1946) identified four major factors involved in successful employment of handicapped workers. These remain highly important considerations in selecting possible occupational goals. They are:

- The worker should have the ability to accomplish the task efficiently -- that is, to be able to meet the physical demands of the job.
- The worker should not be a hazard to himself.
- The worker must not jeopardize the safety of others.

- The job should not aggravate the disability or handicap of the worker.

In serving physically disabled students, the counselor must continually be asking him/herself questions regarding coping levels. These coping levels focus upon the areas of work-accessibility, work performance, and work rewards. Considerations regarding the level of work accessibility are: What requirements for training must the counselee meet? How accessible is such training to the counselee? How accessible will such jobs be after training? The following questions regarding the coping levels for work performance are relevent: What physical demands on the job would the counselee meet? What work tasks and skills are called for? What demands for interaction with others will the counselee meet? What are the counselee's work attitudes? The coping levels for work rewards include such questions as: What does the counselee need from this job by way of salary, personal satisfaction? What does the counselee want in terms of long-term goals? The counselee must be an active participant in searching for the answer to these questions in order to assure maximum opportunity for vocational or training success (Bozarth & Rubin, 1972, pp. 24-25).

A number of resources are available for investigating physical requirements of specific occupational areas:

Materials Development Center, Training manual: Dictionary of occupational titles. Designed to help vocational rehabilitation counselors use the Dictionary of occupational titles as a system of gaining occupational information.

Occupational library for the blind. Comprehensive resource for job analysis relating to visually impaired persons. Job descriptions updated annually.

U. S. Department of Labor, Dictionary of occupational titles (and Supplement 2). Useful for identifying the physical capacities and personality requirements for particular job classifications. Can be of assistance in determining various types of jobs which are related to the general interest area of the student.

U. S. Employment Service, Interviewing guides for specific disabilities. Series of pamphlets discussing factors involved in evaluation of work capacity of persons with various disabilities. Provides lay descriptions of disease or disability and definitions of terms that might be found in an individual's medical report.

For additional resources, see Educational Planning, pp. 188-189 and Job Placement, pp. 365 and 370.

In considering possibly appropriate occupations, the capacities or limitations of the student can be compared with the physical demands of the occupation and its working conditions. Using a checklist form which includes counselee capacities, physical activities and job demands may facilitate this comparison. Two examples are presented in Figures 2 and 3 at the end of this chapter. Figure 3 has been specifically designed for the handicapped high school student and includes cognitive as well as physical capacities.

In selecting viable occupations for a disabled individual, three other factors must be considered. Occupational areas which initially seem inappropriate for a student can often be adapted to the capacities and physical limitations of the individual, without sacrificing the performance demanded by the employer. Such alterations in equipment, procedures, and physical environment, as well as the use of special aids, are commonly referred to as job modifications or adaptations. (For further information, see Job Placement, pp. 370-373.)

Another factor is the importance of recognizing the variability of work environments in the same occupational field. Vocational educator Allen Phelps (1976, pp. 17, 19) warns that a danger in using the Dictionary of occupational titles or any standardized job description for the purpose of specifying clusters of occupations is the lack of specific situational information. Similarly described jobs are often performed differently in different factories or businesses. It may be that one employer would be willing to re-engineer or modify a job for a physically disabled person so that it would not involve the physical activities included in a standardized job description. Thus while generally the intellectual, physical, and emotional characteristics of students should be considered in selecting occupations, it is equally important to be familiar with and consider the specific occupational placement possibilities for individual special needs students in the community.

It is also important to keep in mind that the physically disabled person may be capable of entering highly specialized occupations. Manpower surveys frequently overlook specialized occupations, such as Volkswagen auto mechanics, because of the traditionally small demand for trained workers. Even though the demand for workers may be small, it may be sufficient to absorb a few well-trained individuals with low incidence handicaps such as blindness or deafness. The Michigan School for the Blind at Lansing offers a vocational program for training Volkswagen mechanics. Because of the standardization of parts and design of the basic VW model over a number of years, blind individuals have the unique opportunity in this instance to develop and use a rather sophisticated mechanical skill. The two to five students who graduate from the program each year are placed in dealerships throughout the state. Such successful programs for physically disabled students do much more than fill a need for trained manpower. They contribute significantly to raising the public's expectations and attitudes regarding disabled individuals.

Avoidance of job stereotypes

Although occupational choices may be somewhat more limited for the disabled than for the able-bodied, there is still a vast range of occupations feasible for all but the most severely disabled. In brief, physically disabled persons display as wide a variety of aptitudes, interests, and life-style preferences as do nondisabled persons.

As a general practice, therefore, it is unwise for a counselor to compile lists of jobs which are suitable for individuals with a particular disability. A danger inherent in such lists is that they engender job stereotyping on the part of the student or counselor, e.g., the deaf as printers, the blind as dictaphone typists, the orthopedically impaired as shoe repairpersons. This does not mean, however, that a counselor should not be aware of the types of jobs that have been successfully performed by disabled persons. Such information, especially if coupled with details regarding special devices and techniques utilized, is needed if the counselor is to widen the horizons of the disabled student, his or her parents, the instructional staff, and prospective employers.

Another type of job stereotype involves vocational faddism -- a phenomenon equally prevalent among the disabled and the able-bodied segments of the student population. As Winston (1972, pp. 71-73) has pointed out in connection with the disabled, vocational fads are jobs which are perceived to have a shortage of manpower and are perceived to accept and hire disabled persons. A big fad right now is data processing, admittedly a field in which severely disabled persons have been successfully employed in the competitive job market. Unfortunately, vocational faddism can have very dysfunctional consequences. First, by accepting these vocational fads physically disabled persons are entering the areas of fiercest competition, since these areas are typically equally attractive to the able-bodied. A second dysfunction is that today's job opportunity may become tomorrow's severely restricted job market - teaching being a case in point.

Danger of overeducation

Closely allied with job stereotyping is the assumption that physically disabled students (unless they are retarded or have a severe educational handicap) should attend a four-year college - "the more education the better" syndrome. Familial pressure ("John may have cerebral palsy but he's bright and he's going to college"), lack of information and imagination on the part of the instructional staff ("How can a blind student possibly participate in an industrial education course?"), and counselor insecurity or time pressures ("If Susan goes to college it will be the responsibility of her VR counselor or college academic advisor to help her plan a course of study") all contribute to this syndrome. Just as with the able-bodied, however, not all disabled persons desire to have or can profit from a university education.

Education beyond high school need not be limited to a four-year college degree. Nor does a decision not to attend a four-year college relegate a person to a boring, dead-end job. The United States Office of Education has estimated that four out of five jobs created in the 1970's will require vocational or technical training but not a college degree. The majority of these jobs will be on a par with jobs requiring college degrees in terms of personal satisfaction, social contribution, starting salary, advancement, and salary potential. Thus, for the disabled as for their nondisabled peers, the option of vocational-technical training at a junior college, trade, or business school, as well as the possibility of an on-the-job training program should be explored.

There has been a considerable emphasis on postsecondary vocational-technical education programs for the hearing impaired within the past ten years. At present there are some thirty-seven junior-college level programs for this population and the number continues to increase. These include such well-publicized national and regional demonstration programs as the National Technical Institute for the Deaf (Rochester, New York), Technical-Vocational Institute (St. Paul, Minnesota), Delgado Community College (New Orleans, Louisiana) and Seattle Community College (Seattle, Washington) plus smaller but still innovative programs in about twenty-three states. While their growth has been less spectacular, the number of junior colleges and business and technical institutes with special programs and services for the visually and orthopedically/health impaired also is increasing. (For resources regarding postsecondary vocational-technical schools, see p. 224 of Educational Planning.)

Problem of "unrealistic" goals

The possible naiveté of physically disabled adolescents regarding the world of work has already been noted. Such naiveté may lead to unrealistic occupational goals. In some instances a student may aspire to an occupation that is clearly beyond his/her mental or physical capacities; another may underestimate his/her abilities or assume "nobody would ever hire me because I'm handicapped."

A combination of individualized counseling and reality testing in a vocational laboratory or work site (see below) can broaden the horizons of the more severely disabled student who underestimates his/her potential. Even limited success can be a powerful motivating factor. Moreover, if such "tryouts" are conducted in an off-campus site, the student's confidence in his/her ability to handle problems of communication, locomotion, self-care needs, etc. may be enhanced. Similarly, "tryouts" in a diagnostic center, vocational laboratory, or supervised work station may be valuable for the student whose aspirations are clearly beyond his/her mental or physical capacities. Where reasoning might fail, such reality-testing experiences may lead the student to a more accurate evaluation of his/her aspirations.

The reality-testing approach, however, is not always effective. Attitudes do not change easily, and reality experiences may even create resistance to change, rather than effect change (Patterson, 1963). Unrealistically high or low goals may be symptomatic of other personal adjustment problems. In brief, one cannot always expect to compare objective occupational information with evidence of a student's capacities and limitations and have the student reach a logical conclusion about the appropriateness or inappropriateness of a career. The student's emotional needs - perhaps to see him/herself in a certain light, to deny that the disability prevents the satisfaction of certain life goals, or to underestimate his/her abilities - can complicate the intended outcome of career counseling. And it is at this point that personal adjustment counseling becomes a necessary adjunct to the career guidance process.

Unfortunately, the abilities, limitations, and interests of the disabled student are not the only factors to be considered in determining whether or not a career goal is realistic. Union policies and employment practices are also involved. Despite job development activities on the part of rehabilitation professionals and disabled individuals themselves, such barriers still exist and will continue to do so. As part of the counseling procedure, therefore, the student must be informed about such potential barriers as certification and licensure requirements as they relate to individuals with physical disabilities.

The question of how to determine an individual's "employability" is not an easy one. Severity of disability and ability to gain employment are not directly related. In one study of adults disabled with cerebral palsy it was found that the greatest percent of those employed were severely disabled as compared to a slightly smaller percent of the moderately disabled and a considerably smaller percent of those with mild impairments (Glick, 1953). Personal factors, type and extent of vocational/professional training, and specific employment opportunities may all contribute to employment success. These factors are not related in a simple way to degree of disability.

Another question that arises is: Should employability be the major factor dictating whether a student should pursue a certain course of study at the high school or postsecondary level? Assuming that it is possible for a severely disabled student to complete a certain career program, and that s/he is realistically aware that securing employment will be difficult, is it not the prerogative of the student to pursue the career program? The right of self-determination cannot be overlooked. The following statement is perhaps appropriate here:

> *Someone has said the bumble bee can't fly and the reasons are pretty obvious to anybody who has ever studied aerodynamics. His body is just too large and too heavy to be supported by his tiny wings. Fortunately the bumble bee hasn't earned a degree in aerodynamics and so he goes merrily on his way, not realizing he is doing the impossible.* (Jones, 1971, p. 87)

For a further discussion of realistic vs. unrealistic goals we recommend the following article:

> Beatrice Wright, The question stands: Should a person be realistic? In Rehabilitation Counseling Bulletin.

CAREER ORIENTATION

Career orientation is a learning experience whereby the student becomes aware of the role of work in our society, gains knowledge of different occupational areas, recognizes the relationship between career and life styles, and learns to relate his/her interests, aptitudes, and achievements to career goals. The emphasis on career orientation as an essential ingredient in educational programming evolved from an increasing awareness in recent years that students of all ages and ability levels may be role-deprived and highly uninformed regarding the world of work. Without exception, high schools should offer career orientation instruction, for academic credit, to freshmen and sophomores.

Some physically disabled students can be sufficiently served in the regular course or seminar that is designed for all students. Others may benefit from a regular course or seminar but will need additional instruction focusing on career-related issues specific to disability, such as the use of adapted equipment. Still others who have had limited access to the printed or spoken word, who have had few opportunities to observe or participate in work settings may require even more concentrated exposure to the world of work than their nondisabled peers.

A team approach is recommended for planning and coordinating the various career orientation courses. Team members might include:

- Vocational rehabilitation counselor or special counselor for the physically disabled
- Regular guidance counselor
- Vocational counselor or placement coordinator
- Work experience coordinator for the disabled
- Vocational department personnel
- Instructor(s) of the visually, hearing, orthopedically impaired
- Physically disabled person(s) employed in the community.

Information to assist team members in planning the scheduling, content, and instructional methods are presented in the following sections.

Scheduling options

Scheduling options will depend on the needs of the students, the number of physically disabled students to be served, and their disabling conditions. Options include:

- Regular career orientation class:

  Integration into regular classes with little adaptation of course content may be a viable option for those students with minimal vocational handicaps. Support services (e.g., large print/taped versions of materials, student notetaker, interpreter) may be required. Career information specific to disabilities (see pp. 253-255) should be made available to the student on an individual basis but need not be covered in the class.

- Regular career orientation class which addresses disability-related issues:

  The option is similar in all respects to the one above, except that disability-related issues are addressed in class. As prospective co-workers, employees, and employers of disabled persons, nondisabled students could well benefit from exposure to these issues. Since disabled students may feel self-conscious or "singled-out" in such a setting, it is suggested that the instructor/counselor confer with them first before planning this option.

- Regular career orientation class with supplementary seminar for disabled students:

  When disabled students prefer not to have disability-related issues addressed in the regular class and/or where the students are in need of extensive specialized information, they may attend both the regular class and an additional seminar (once or twice a week) designed for disabled students only. This seminar might be scheduled into a study hall, resource room, activity period, or extended noon-hour time slot.

- Specialized career orientation class:

  The option may be offered when the following conditions are present: (1) where there are specially organized academic/vocational programs for the hearing, visually, orthopedically, or health impaired; (2) where the student's disability presents a barrier to learning in the regular class; and/or (3) where the career orientation needs of the disabled students are highly divergent from the needs of most nondisabled students. Depending on scheduling problems and/or the total number of physically disabled students in a given high school, these sessions could be structured for students with a specific disability or for a heterogeneous grouping of physically disabled students. If scheduling problems preclude a regularly scheduled career orientation course, career orientation units could be integrated into the language arts and/or social studies curriculum.

Additional factors which will enhance the successful integration of physically disabled students into a regular career orientation class (see the first three options above) are the following:

- It is essential that personnel from the guidance and/or special education staff be responsible for providing assistance when required by either the regular instructor or the disabled student.
- The regular instructor should make a special effort to include individuals with a visible physical disability (not necessarily the same disabling conditions that the students have) as resource speakers. Such individuals will serve as potential role models for the disabled students and as a reminder to their nondisabled classmates that employment success is not limited to the nondisabled individual.

Content

Topics to be presented during these career orientation sessions should include:

- Orientation to the world of work: importance of work, utilizing communication and transportation facilities, role of labor unions and business organizations, factors in job success, economic aspects of living, job-seeking skills.
- Self-assessment: procedures and techniques to assist students in gaining knowledge of their vocational interests and potential. (See Vocational Assessment, pp. 299-302.)
- Occupational information units based on the 15 U.S.O.E. clusters or a similar organizational schema.
- Legislation prohibiting employment discrimination, necessitating employers to provide "reasonable" accommodations.
- Ways of overcoming or minimizing problems directly resulting from the individual's physical impairment, via use of adapted equipment, aids, job factoring. (See Educational Planning, pp. 188-190, 205, and 214; and Job Placement, pp. 370-373.)
- Opportunities for employment of physically disabled persons in city, state, and federal agencies.
- Community agencies, such as the local Vocational Rehabilitation Office, which provide employment-related services to disabled persons.
- Postsecondary educational institutions with special programs and services for the physically disabled.
- When warranted, information on local work adjustment programs and sheltered workshops.

Planning and curriculum materials are available from innumerable commercial, governmental, and private agencies. Educators planning a career orientation course for the physically disabled should consult the following:

State level Division of Vocational and Technical Education: in most states this agency has developed career orientation guidelines and bibliographies of recommended resource materials. Materials are usually developed for "regular" and/or "disadvantaged" students but can be adapted for use with the physically disabled.

A pocket guide to affirmative action. Pamphlet on the affirmative action regulations of the Rehabilitation Act of 1973.

American Personnel and Guidance Association, National Career Information Center, INFORM. Monthly newsletter with annotated listings of written materials and films, and information on other career-related resources. Materials listed can be selectively used with students who are physically disabled. Subscribers also receive Career resource bibliography.

Gary F. Austin, Bibliography: Deafness. Includes extensive references to career orientation materials.

B'nai B'rith Career and Counseling Services, Counselor's Information Service. A quarterly annotated bibliography of current literature in educational and vocational guidance. Includes materials specific to disability and rehabilitation counseling. Other materials can be selectively used with physically disabled students. Complimentary copy upon request.

Braille and large type books on occupational guidance, vocations and trades. List of materials available from the American Printing House for the Blind.

CI-TAB (Career information and training activities for the blind, senior high level). A cassette library consisting of 35 recordings and accompanying large type and braille scripts. These include general information (trends in occupations, appropriate interview conduct, etc.) and 30 job descriptions selected from the U.S.O.E.'s 15 occupational clusters.

Manpower. Eight tape-recorded radio interviews with visually impaired individuals about occupations and working as a blind person.

National Center on Educational Media and Materials for the Handicapped. (See National Resources.)

Occupational library for the blind. Specific job information for visually impaired individuals.

Project PRICE, Career education materials for educable retarded students [Working Papers #2 (1974) and #6 (1975)].

St. Paul Technical Vocational Institute, Career counseling packages. Extensive media and equipment packages for vocational exploration and for training in the following: chemical technology, machine tool processes, and office practices. Designed for hearing impaired students.

Claire Szoke & Sharon Vest, To serve those who are handicapped: An annotated bibliography. Covers career orientation materials, K-12.

Vocational education resource materials/handicapped and special education. Extensive bibliography. Not annotated.

Working in the sighted world. Series of recorded interviews with visually handicapped workers.

Instructional methods

The classroom teacher/counselor is encouraged to use audio-visual materials and multi-sensory career kits as well as role-playing and other techniques that actively involve the student in the learning process. Suggested readings on instructional methods are:

Larry Bailey (Ed.) A teacher's handbook on career development for children with special needs: Grades K-6. Applicable in large part to secondary level students.

Career Awareness and Exploration Program.

Isaac P. Clayton, A vocational program for blind children and youth.

Project Worker, Teacher's manual: A course in career decision making for special education.

Vocationally oriented school planning for the handicapped: Kindergarten through grade twelve. Section 7, pp. 153-201.

Contact your State Department of Education/Division of Vocational and Technical Education for career orientation guidelines and recommended instructional materials.

Resource speakers and field trips representative of the following should be considered:

- Non-academic personnel employed at the school
- Teachers willing to talk about job opportunities in their fields
- Trips to vocational classes (while in session) at high school or area vocational centers
- Trips to nearby postsecondary institutions, particularly those with specialized programs/services for the severely disabled
- Community businesses/industries/agencies representative of the 15 occupational clusters identified by the U. S. Office of Education
- Affirmative Action Officers to speak about their organizations' efforts to hire and promote disabled persons
- Public employment agencies such as the Division of Employment Security, and Vocational Rehabilitation Agency
- Physically disabled "role models" who engage in a range of occupations (from semi-skilled to professional and including persons engaged in occupations not traditionally associated with a particular disabling condition)
- Representative of Governor's Committee on Employment of the Handicapped to address employment issues, particularly legal rights.

To locate such individuals the instructor/counselor should contact the following: special education staff; local Vocational Rehabilitation Office; local branches of organizations of or for the handicapped; college or university with special programs/services for the severely disabled; and parents' council (organization of parents of disabled students).

JOB-SEEKING AND JOB-SURVIVAL SKILLS

The career development process is at least in part preparation for ultimate employment. It is not sufficient that a student have the personal qualifications and specific occupational skills to qualify for a job -- s/he must also have the knowledge and skills required to secure and maintain employment. Instruction in this area is especially important for physically disabled adolescents for the following reasons:

- They typically will have had fewer opportunities than their able-bodied peers to gain knowledge in this area through part-time jobs obtained on their own initiative.
- To a greater extent than most job-seekers they may need specialized knowledge to help them overcome potential employer discrimination and lack of job opportunities.
- Overprotection on the part of their family and school environment may lead them to expect that finding a suitable job upon completion of high school or college is the responsibility of an "expert", be it counselor, placement specialist, social worker, or parent.

Leaving it to the expert is potentially infantilizing and inefficient in terms of employment success. It has been the experience of placement counselors serving special needs clients that job satisfaction and job stability will be considerably enhanced if the clients have been active participants in the job-seeking process. Moreover, in today's labor market, worker lay-offs are not uncommon. Unless the individual has knowledge and experience regarding job-seeking procedures, the only recourse is to rely on the assistance of others.

It is recommended, therefore, that specific instruction in job-seeking and job-survival skills be introduced as part of a comprehensive career education curriculum. Initial instruction in job-seeking and job-survival skills can be included as units of a career orientation curriculum or as a special seminar conducted by one or more members of the counseling/teaching staff. Depending on school resources and student needs, physically disabled students can be integrated into a regular program or instructed in a specially organized class or seminar. It should be stressed that such instruction is as important for the college-bound student as for students who plan to seek employment immediately following graduation from high school.

Topics to be covered in such an instructional program should include the following:

- Preparation of resumes and job applications
- Resources to aid in the job search process - want ads, employment agencies, contacts obtained from family and friends, etc.
- Appropriate ways of overcoming or minimizing problems directly resulting from one's physical impairment
- Suggestions for combating potential employment discrimination
- When and how to inform a prospective employer about one's physical disability
- Opportunities for employment in city, state, and federal agencies
- Information on private employers (on a local and regional basis) who make a special effort to hire the physically disabled
- Legal rights.

For details on these topics see Job Placement, pp. 358-370.

A variety of instructional methods can be utilized. Role playing may be especially effective in developing the students' job-seeking and job-survival skills. Situations feasible for role play enactment include:

- Mock job interview: the reality will be enhanced if a potential employer or job placement specialist from the community conducts the interview. Not all interviewers should be sympathetic to persons with a disability. Hostile or doubting employers are a fact of life and students should have the opportunity to practice potential responses in a supportive situation.
- First day on the job: how to introduce oneself to co-workers; how to cope with architectural or communication barriers; how much assistance one should expect from supervisor or co-workers.
- Problem situations at work: how to cope with unfriendly, overly curious or overly protective co-workers or supervisors; how to explain to supervisor why you are late for work; how to react to a supervisor's warranted - or unwarranted - reprimand, etc.

Video taping the role play situation is valuable in that students can see themselves as others see them. Video tapes should be used only with the student's permission. Moreover, this technique should not be used until students have become comfortable with the role playing process and have had some prior exposure to the particular situations being taped. Taping a student's first mock interview might be inhibiting and demoralizing -- as the culmination of an interview unit, however, this technique might give the students positive feedback and an opportunity to note deficiencies that need correcting. For blind students a tape-recorded version of the role play situation may be beneficial. Feedback regarding such important variables as grooming, posture, and nonverbal mannerisms will be missing, however, and must be provided directly by the counselor or instructor.

The following materials will be of assistance in imparting job-seeking and job-survival skills:

- Materials Development Center, Job quest series. Consists of three slide-sound presentations: Job sources, Writing about you, and Interviewing for a job.
- Materials Development Center, Job quest supplemental resource guide. An annotated bibliography of audiovisual and printed materials pertinent to job-seeking and job-survival skills.
- Project Worker, Teacher's manual: A course in career decision-making for special education. See: "Interview-Related Training" for information on mock interviews and the use of video taping; "Relationships with Fellow-Workers" for student activities.

WORK-ORIENTED ACTIVITIES

A continuum of work-oriented educational activities is an essential component of a viable career development program. These activities should include closely supervised prevocational laboratory training and on-the-job observation programs for high school underclassmen and a range of work-related educational programs for those high school students who have acquired basic prevocational skills.

The primary goal of work-oriented activities is to assist high school students to bridge the gap between the school and the world of work. It is especially important that academically-able physically impaired students be encouraged to participate in a variety of paid and volunteer work-related activities. The more severely physically disabled may never have experienced the variety of work experiences (paper routes, baby sitting, lawn mowing, part-time jobs after school or on weekends) that are frequently held by nondisabled adolescents. For the disabled student, work experiences while still in school will enable him/her to learn how to cope with communication, mobility orientation, and social adjustment problems in a semi-structured environment. In-the-community work experiences are particularly valuable in light of future job-seeking: too often physically disabled individuals graduate from high school or a postsecondary program with good qualifications but with no work record to present to prospective employers.

Work-related activities are also useful for self-assessment, as they afford students opportunities to realistically evaluate their own vocational potential. The counselor or work coordinator should assist the employer in completing an employability profile for each student, rating occupational skills, work behavior, and social adjustment skills. These ratings will generally have more immediacy for the student than test results or classroom grades and are an excellent record for use in individual career guidance sessions.

A variety of organizational options for providing work-related activities to the physically disabled are available to the public schools. A brief description of each option together with resources for additional information are included here. It should be noted that all options discussed are currently operational in the public schools, although few if any school systems offer the entire range of possibilities listed below.

Prevocational laboratory

Experience has shown that the more severely disabled student may need special assistance in making the transition from the world of the classroom to the actual work training stations. The school-based prevocational laboratory provides an effective setting for closely supervised work experience. Students in such a program perform a variety of services for the school district and/or for non-profit community organizations. Since this is a learning situation, the student receives no salary for the work performed.

The prevocational laboratory allows the instructional staff to evaluate a student's motor and cognitive skills on a variety of tasks, to closely observe student behaviors in real work situations and, where necessary, to take steps to modify these behaviors. For the socially immature student an emphasis should be placed on punctuality, reliability, the ability to get along with staff and fellow workers, and the ability to follow directions. The laboratory also affords the student an opportunity to try out in a nonthreatening environment various daily living skills and special devices and techniques which disabled persons use on the job. In brief, the purpose of the laboratory is not to train students for specific occupations but rather to develop in each student a sense of self-esteem as well as to develop and strengthen those habits and attitudes typical of a good employee.

For detailed information on the prevocational laboratory we recommend the following materials:

Baltimore County's mobile unit to provide vocational evaluation for handicapped children. Delineates procedures and materials used. Includes reports, work samples, listing of psychometric tests.

Materials Development Center, Guidelines for organization and operation of vocational evaluation units. Designed for use by rehabilitation agencies but many of the topics presented are also applicable to school-based centers.

Materials Development Center, The prevocational unit in a rehabilitation center - An effective tool for evaluating work potential of the handicapped. Discusses procedures for setting up and operating a prevocational laboratory.

Project Serve: An inter-district cooperative work experience program for handicapped youth. Describes in detail a prevocational laboratory program operating at an area vocational center. Includes descriptions of work samples used.

Claire Szoke & Sharon Vest, To serve those who are handicapped. Section 10. Delineates procedures for establishing and operating a school-based prevocational laboratory. Suggestions applicable to both large and small school districts.

Exploratory on-the-job observation program

This is an unpaid exploratory program for which the student receives academic credit. The goal of such a program is to afford the student opportunities for on-site exploration of job interests and potential in several different work environments and occupational areas. Designed for ninth and tenth graders, the program assists students to systematically sample jobs in a realistic manner prior to committing themselves to extensive training in a particular occupational area.

Observation stations should include industrial, commercial, and governmental establishments representative of a variety of occupational areas and skill levels. Academically-able students should be encouraged to explore various skilled technical and professional occupations. Whenever possible, the on-the-job observation program gives the student an opportunity for at least some hands-on experience under close supervision. Since the employer is under no obligation to hire or train the student upon termination of the observation period, an employer may be willing to accept a more seriously disabled student for an on-the-job observation post than s/he would for a regular work experience station.

The length of the exploratory placement may vary, depending on the aptitude of the student, the occupation being explored, and the facilities of the work station. The student can be scheduled at an observation station on a part-time basis (a minimum two-period time block is recommended) for a period ranging from a few days to several weeks. Each student should participate in three or more different on-the-job observations. Group seminars to discuss experiences and clarify work-related matters should be held on a weekly basis for all observation participants. Oral or written reports or completion of specified learning activity packages may also be required.

When scheduling factors or other problems make on-site observations impractical, video tape presentations of on-campus and community job stations can be substituted. Students can view the tapes independently or in small groups and perform the accompanying learning activities. Students should then share their impressions in group discussions. In addition, individualized guest-for-a-day visits can be scheduled, whereby a student visits with a local business, industrial concern, governmental or non-profit agency to talk with one or more employees regarding their job activities and resulting life style. Released time from school should be permitted for such visits. If deemed necessary a student/adult volunteer, an interpreter, or an instructor aide could accompany the student.

Coordinators of such programs should consult:

Jack Genskow, Evaluation: A multi-purpose proposition. In Journal of Rehabilitation. Describes how to set up on-the-job trials.

Project Worker, Manual for career placement aides.

Cooperative work program

A variety of cooperative work programs (variously entitled work-study, secondary work experience, cooperative occupational education) are available in many school systems to both regular and handicapped students. Considerations should be given to expanding or modifying existing programs to meet the special needs of the physically disabled. The cooperative work program is an instructional plan which combines learning experiences gained through regularly scheduled supervised paid employment in the school or community with occupationally oriented in-school instruction. Students typically work half a day and attend classes on a half-day basis. A teacher-coordinator is responsible for locating jobs for students, supervising them on work stations, and providing job-related classroom instruction (e.g., work behavior, job-seeking skills). The program enables the student to acquire both occupational and work behavior skills. Job rotation (a new job each semester or even once every nine weeks in on-campus work stations) will enhance the exploratory nature of the program.

Depending on student needs and school resources the following scheduling options should be considered:

- Integration of physically disabled students in regular cooperative work program:

  This option is recommended for the socially mature student who can participate, with special services provided as needed, in a regular occupational program.

- Placement in program open to all vocationally handicapped students (including mentally retarded, emotionally disturbed, physically disabled, multiply handicapped):

  Such placement is most appropriate for students who have both physical and educational handicaps since such programs typically focus on entry-level jobs of the unskilled or semi-skilled variety.

- Placement in program especially designated for students with one or more types of physical impairment:

  This option is recommended for schools serving as district-wide attendance centers for one or more categories of the physically disabled since it can be tailored to accommodate students with a range of ability levels. Such an option may also be feasible for an area vocational center serving a number of school districts. Under this option it would be expected that the work experience coordinator assigned to these students have specific training in serving physically disabled students.

Work stations may be located either on campus or in the community. A typical sequence for the socially immature or severely disabled student is an on-campus station in the junior year and a community placement in the senior year.

- On-campus placement:

  Students not yet capable of holding an in the-community station may be ready for a controlled work on-campus station that provides for close supervision and training. Students have the opportunity of learning acceptable work habits and attitudes with a lessened chance of failure.

- Sheltered workshop:

  For the older student who is severely vocationally handicapped and not ready for competitive employment, placement at a private community workshop which meets the standards of the State Vocational Rehabilitation Agency offers an opportunity for valuable work experiences away from campus. The type of work experiences and the atmosphere should replicate those of business and insustry. Placement in an agency serving the handicapped should also be considered. This is generally a more sheltered environment than the typical community work station.

- Competitive employment:

  Placement at a work station in local business and industry is recommended for all students who are socially mature and have acquired at least minimal prevocational skills. Criteria indicating readiness for competitive employment include:

  - Practical knowledge of interview techniques
  - Technical skills sufficient to meet minimal standards for a particular job
  - Ability to perform assigned tasks with minimal supervision
  - Social adjustment skills, (e.g., ability to handle self-care needs, acceptable personal hygiene)
  - Work adjustment skills (e.g., ability to accept criticism and direction, motivation, punctuality)

In some states special programs for disabled students are a cooperative venture between the local educational agency and the Vocational Rehabilitation Agency. Financial support for special programs may also be available from the State Department of Education (Divisions of Vocational and Technical Education and Special Education). Local educational agencies wishing to establish cooperative work programs for physically disabled students should contact these agencies for information regarding program guidelines and other resources. Suggested materials on cooperative work programs are:

> Cooperative programming between vocational rehabilitation agencies and the school systems: A sourcebook for administrators and supervisors.
>
> Stanley Greenspan & Richard Horvath, A public school program of economic independence for special education students. In American Annals of the Deaf. Details on a cooperative work program for hearing impaired students. Suggestions applicable to students with other disabilities.
>
> Don G. Pettingil. Concept of a work study program for hearing impaired high school students.
>
> Claire Szoke & Sharon Vest. To serve those who are handicapped. See Section 11 on procedures for establishing and operating cooperative work programs for special needs students.

Volunteer work experience

In some communities paid work experience for the severely disabled may be difficult to arrange. An alternative is a program whereby the student works on a volunteer basis during the school year or during school vacations. Such a program affords the student valuable work experience and often leads to paid employment as the student acquires specific occupational and personal adjustment skills.

Intern program

This option is potentially more flexible than the more traditional cooperative work program and can be tailored to meet the needs of the college-bound as well as the non-college-bound student. Basically it is an Antioch-type program in which students have an opportunity for guided paid work or volunteer experience in a local business, industry, governmental agency, or non-profit establishment as part of their curricular experience. Students receive academic credit for participating in the program and are expected to prepare oral or written reports or to complete other specified learning activities. The placement may be scheduled in a variety of ways -- throughout the school year, as a summer program, semester option, etc. -- thus making it feasible for the college preparatory student with a heavy course load to participate. Like the programs previously discussed, the intern program affords students an opportunity to realistically assess their interests and vocational potential in an actual work situation.

FIGURE 2

JOB DEMANDS AND PHYSICAL CAPACITIES APPRAISAL FORM*

Indicate the capacities of the student in the left-hand column, using the symbol 0 (zero) if the capacity for meeting the activity or working condition is absent or negligible and an X where there is partial capacity or limitation in capacity. For the job-demands columns, each occupation being considered is evaluated in terms of its demands in each job factor where the handicapped individual's capacity has been determined to be absent or limited. If this capacity or working condition is a requirement of the job, it is marked with an X; if it is not, it is marked with a 0. The result is a list of job factors which are requirements of the job and in which the handicapped individual has limitations (those factors marked 0 or X in the client-capacities column and X in the job-demand column). The presence of such factors does not necessarily or automatically rule out the occupation being considered. More detailed evaluation should then be attempted. There may be specific jobs in the occupation where the factors are not important, or the job may be easily modified to change or adapt the requirements to the point where the handicapped individual can meet the job demands.

Client Capacities	Physical Activities	Job Demands		
		1	2	3
	Lifting			
	Carrying			
	Pushing			
	Pulling			
	Climbing			
	Balancing			
	Stooping			
	Kneeling			
	Crouching			
	Crawling			
	Reaching			
	Handling			
	Fingering			
	Feeling			
	Standing			
	Walking			
	Treading			
	Sitting			
	Turning			
	Talking			
	Hearing			
	Smelling			
	Near vision			
	Far vision			
	Depth perception			
	Color vision			

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[*] From Cecil H. Patterson, Introduction to counseling in the school. New York: Harper & Row, 1971, pp. 236-238. Reprinted with permission.

FIGURE 2 -- *Continued*

Client Capacities	Working Conditions	Job Demands		
		1	2	3
	Inside			
	Outside			
	Extreme cold			
	Extreme heat			
	Sudden temperature change			
	Humid			
	Wet			
	Dry			
	Noise			
	Vibration			
	Cluttered floors			
	Slippery floors			
	High places			
	Moving objects			
	Hazardous machinery			
	Danger of burns			
	Electrical hazards			
	Explosives			
	Fumes			
	Odors			
	Toxic conditions			
	Dust			
	Poor ventilation			
	Poor lighting			
	Variety of duties			
	Repetitive work			
	Fast pace of work			
	Following specific instrs.			
	Exacting performance			
	Meeting emergencies			
	Competitive work			
	Working alone			
	Working around others			
	Working with others			

FIGURE 3

TASK REQUIREMENTS AND LEARNER FUNCTIONING CHECKLIST*

Meeting the Work Training Needs of Special Students
in High School Vocational/Occupational Educational Programs

R. Hemenway, D. Kelsey, F. Noyes, S. Price

A Cooperative Project Sponsored by:
Illinois Division of Vocational and Technical Education
and
Illinois State University, Department of Industrial Technology
and
Illinois State University, Department of Special Education

Illinois State University Informal Vocational
Learner-Behavior-Task Rating Scale
January 1975

Instructions:

In using the scale, the Learner Functioning Column is to the left of the Behavior Column. Use the symbol 0 (zero) if the learner's current performance level on the behavior is absent or negligible; mark an X where there is limited functioning or disability in functioning. Next, in Task Demand Column, the task being considered including the setting in which it is to be taught (regular vocational shop with an instructor and other students present) is evaluated in terms of its demands on each behavior where the learner's individual functioning has been determined to be absent or limited. If this behavior is, in fact, important to learning the task (including the setting) it is marked with an X. If the behavior is not important to learning the task it is marked with a 0. The result is a list of behaviors which are requirements of the task and in which the learner has limitations (those behaviors marked 0 or X in the Learner Column and X in the Task Demand Column). (If a valid judgment on a given behavior cannot be made in the Learner Functioning Column a U should be marked. Strive to avoid this category.) In the Notes Column, make a note of data which supports your evaluation or your inability to evaluate.

ABILITY	LEARNER FUNCTIONING		BEHAVIOR	TASK DEMAND	NOTES
COGNITIVE		1.	FOLLOWS VERBAL INSTRUCTIONS. Understands spoken instructions containing several ideas.		
		2.	FOLLOWS WRITTEN INSTRUCTIONS. Reads and follows written instructions relating to signs, safety, labels, newspapers, etc.		
		3.	RETENTION. Remembers instructions, names, procedures, locations, telephone numbers, etc.		
		4.	ATTENTIVENESS. Concentrates on a task and is not easily distracted.		
		5.	PLANNING ABILITY. Able to plan ahead on a task.		
		6.	DECISIVENESS. Independently decides among alternatives.		
		7.	MECHANICAL APTITUDE. Demonstrates a working knowledge of mechanical principles.		

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FIGURE 3 -- *Continued*

ABILITY	LEARNER FUNCTIONING		BEHAVIOR	TASK DEMAND	NOTES
COGNITIVE		8.	ORGANIZATION. Uses good judgment and initiative in solving problems.		
		9.	PERSEVERANCE. Does more than expected; task behavior is steady.		
		10.	TRANSFER. Able to transfer previously learned skills to a new task.		
ACADEMIC GENERAL APPLICATION - QUANTITATIVE		11.	COMPREHENSION. Understands the meaning of words and ideas associated with them.		
		12.	COMMUNICATION. Uses words effectively when asking or answering questions.		
		13.	RECORDING INFORMATION. Able to keep accurate production records.		
		14.	READING. Is able to read at a fifth grade level or above.		
		15.	SPELLING. Is able to spell common words with accuracy.		
		16.	WRITING. Is able to write a series of sentences on a given subject.		
		17.	ACCURACY. When necessary checks to be sure task is correct.		
		18.	FORM COMPLETION. Is able to complete information on common forms, e.g. job applications.		
		19.	RECOGNIZES SIMILARITIES AND DIFFERENCES. Is able to match similar items and differentiate dissimilar ones.		
		20.	TELEPHONE SKILLS. Is able to use the telephone to obtain information.		
		21.	CARDINAL NUMBERS. Can read and write cardinal numbers to 1,000.		
		22.	ORDINALS. Can read and write ordinals to 1,000.		
		23.	MONEY. Knows common denominations of coins and bills; can make change.		
		24.	ROMAN NUMERALS. Can read and write common roman numerals, e.g. I, V, X.		
		25.	COMPUTATION. Can count, add, subtract, multiply and divide.		
		26.	GENERAL NUMBERS. Knows social security number, zip code, address and meanings of social security, credit, insurance, check deduction.		

FIGURE 3 -- *Continued*

ABILITY	LEARNER FUNCTIONING		BEHAVIOR	TASK DEMAND	NOTES
ACADEMIC GENERAL APPLICATION - QUANTITATIVE		27. a.	MEASUREMENTS. Understands and correctly measures: Time		
		b.	Temperature-Pressure-Humidity		
		c.	Liquids-Solids		
		d.	Weight-Volume-Balance		
		e.	Distance		
		f.	Torque		
		g.	Electricity		
		28.	FRACTIONS. Knows, can read and use common fractions, e.g. 1/2, 1/4, 1/3, etc.		
		29.	CONFIGURATIONS. Can discriminate differences in shape, form, size, texture.		
		30.	APPROXIMATIONS. Has concept of distances, space, height, weight, etc.		
GENERAL HEALTH		31.	LIFTING, CARRYING, PUSHING, PULLING, (STRENGTH).		
		a.	Sedentary Work (mostly sitting). Able to lift a maximum of 10 pounds.		
		b.	Light Work (much standing or walking or some work movements while sitting). Able to lift a maximum of 20 pounds.		
		c.	Medium Work (many work movements while sitting). Able to lift a maximum of 50 pounds.		
		d.	Heavy work. Lift a maximum of 100 pounds (often carry 80 pounds).		
		e.	Very Heavy Work. Lift over 100 pounds.		
		32.	ATTENDANCE. Has achieved at least an average record of school attendance.		
		33.	VITALITY. Exhibits energy and vitality during tasks.		
		34.	SPEECH AND LANGUAGE. Speaking is intelligible and language is understandable.		
		35.	SEEING. Eyesight is adequate for safety and accuracy in general school activities.		

FIGURE 3 -- *Continued*

ABILITY	LEARNER FUNCTIONING		BEHAVIOR	TASK DEMAND	NOTES
GENERAL HEALTH		36.	HEARING. Is able to hear sufficiently to receive instruction.		
		37.	HEIGHT AND WEIGHT. Are within reasonable norms expected for typical age student.		
		38. a.	TOLERANCES. Is able to tolerate: Work inside over long period of time.		
		b.	Work outside over long period of time.		
		c.	Extremes of cold plus temperature change.		
		d.	Extremes of heat plus temperature change.		
		e.	Wet and humid extremes.		
		f.	Extremes of noise and vibration.		
		g.	Respiratory discomforts such as fumes, odor, dust, poor ventilation, toxic conditions.		
		39.	APPEARANCE. Presents a pleasant physical appearance, not unattractive, and is free of marked facial distortions.		
		40.	CONSISTENCY. Takes part in all usual school activities; is rarely excused because of illness; rarely complains of ailments.		
PSYCHOLINGUISTIC		41.	SPEECH SUBTLETIES. Recognizes subtleties of speech sounds which convey meaning and responds appropriately.		
		42. a.	LISTENING. Is able to: Listen attentively when others are speaking.		
		b.	Listen for the purpose of remembering.		
		43.	VERBAL DIRECTION. Understands and is able to carry out a 4-6 step direction.		
		44.	REMEMBERS. Recalls verbally described people, places, pictures, objects, events in a sequential order.		
		45.	TECHNICAL VOCABULARY. Understands technical vocabulary to satisfy social and educational needs.		
		46.	CLASSIFICATION. Has ability to categorize and classify meaningful language symbols, e.g. principal and bosses are authorities.		

FIGURE 3 -- *Continued*

ABILITY	LEARNER FUNCTIONING	BEHAVIOR	TASK DEMAND	NOTES
PSYCHOLINGUISTIC		47. GENERALIZING. Uses language to make assumptions, generalizations, and conclusions.		
		48. NONVERBAL. Reacts to voice tone, inflection, facial expression, choice of words, and gestures to recognize emotions and feelings.		
		49. GRAMMAR. Has knowledge of, and uses appropriate grammatical expressions in sentence form using 7-12 words.		
		50. SOCIAL REACTION. Uses language in social settings to: a. Respond without tension and undue hesitation.		
		b. Exchange ideas, information, and interest freely with others.		
		c. Express respect, admiration, friendship.		
		d. Adjust language and speech to meet the needs of various situations.		
PSYCHOMOTOR		51. HAND-EYE COORDINATION. Coordinates movements of eyes and hands; fingers rapidly and accurately.		
		52. EYE-HAND-FOOT COORDINATION. Coordinates feet and hands in response to visual cues.		
		53. BI-MANUAL COORDINATION. Both hands used in coordination. No impairment of one hand.		
		54. MANUAL DEXTERITY. Moves hands with ease, skill, as in placing and turning motions. Able to use common hand tools, e.g. hammer.		
		55. FINGER DEXTERITY. Rapidly, accurately manipulate small objects with fingers.		
		56. KNEELING. Is able to climb (ladder), crawl, etc., demonstrating good use of lower extremities and back muscles.		
		57. HAZARD AVOIDANCE. Able to avoid mechanical, electrical, height, etc., hazards.		
		58. EQUILIBRIUM. Maintains body equilibrium to prevent falling when walking, standing, running, crouching, or running on narrow, slippery, or moving surfaces.		

FIGURE [illegible] -- *Continued*

ABILITY	LEARNER FUNCTIONING		BEHAVIOR	TASK DEMAND	NOTES
PSYCHOMOTOR		59.	GAIT. Able to walk with a usual two heel, steady gai[illegible]es not waddle, limp, lack steadiness, or stagger.		
		60.	REACHING. Able to reach for objects to handle, finger, feel--demonstrating trunk flexibility and adequate use of upper extremities.		
SENSORY ACUITY		61.	SPACE PERCEPTION. Understands forms in space, relationships of plane and solid objects.		
		62.	FORM PERCEPTION. Sees details of objects, pictures, graphs; makes visual comparisons for differences in shape and size.		
		63.	COLOR DISCRIMINATION. Knows primary colors, sees difference and similarities between shades.		
		64.	FINE SOUND DISCRIMINATION. Is able to make fine distinction from sound cues, recognizes normal sound as opposed to abnormal sounds.		
		65.	PERCEPTUAL INFORMATION. Obtains information through sight, shape, size, distance, motion, color, and other unique characteristics.		
		66.	FORM DISCRIMINATION. Is able to make and differentiate a variety of forms (square, triangle, etc.), shapes, sizes, and textures.		
		67.	TOUCH DISCRIMINATION. Perceives objects and materials as to size, shape, temperature, moisture content or texture by means of touch.		
		68.	ACUITY. Able to see, feel, hear, smell, and taste normally without special adaptations.		
		69.	OLFACTORY DISCRIMINATION. Is able to differentiate a variety of smells.		
		70.	OCULAR CONTROL. Is able to follow a moving target with his eyes to match perceptual information with motor data.		
PERSONAL SOCIAL SELF		71.	APPEARANCE. Dress is appropriate to situations; is becoming, fits well, is clean. Hands, face and hair clean and well groomed. Proper make-up (girls).		
		72.	SOCIAL ACCEPTANCE. Is sought out and liked by peers. Others drawn toward him or her.		

FIGURE 3 -- *Continued*

ABILITY	LEARNER FUNCTIONING		BEHAVIOR	TASK DEMAND	NOTES
PERSONAL SOCIAL SELF		73.	CHARACTER. Is considered to be trustworthy and dependable by his peers and teachers.		
		74.	FRUSTRATION. When he does not get what he wants there is little decrease in his work.		
		75.	APPROPRIATE BEHAVIOR. Behavior is free of inappropriate gestures, verbalizations, mannerisms, actions, etc.		
		76. a.	INTERESTS. Prefers activities involving things and objects.		
		b.	Prefers concrete, routine, organized activities.		
		c.	Prefers activities involving people and the communication of ideas.		
		d.	Prefers scientific or technical activities.		
		e.	Prefers abstract or creative activities.		
		f.	Prefers activities using processes, machines, techniques.		
		g.	Prefers activities resulting in tangible, productive satisfaction.		
		h.	Prefers activities involving business contact with people.		
		i.	Interested in working for the good of people.		
		77. a.	ADJUSTMENT CAPABILITY. Is capable of adjusting to and performing under the following conditions: A variety of duties often characterized by frequent change.		
		b.	Doing things under specific instruction, with little room for independent action or judgment.		
		c.	Working alone and apart from others.		
		d.	Perform adequately under stress when faced with the unexpected, or taking risks.		
		e.	Making judgments and decisions on the basis of nonobjective criteria, e.g. feeling, common sense.		

FIGURE 3 -- *Continued*

ABILITY	LEARNER FUNCTIONING		BEHAVIOR	TASK DEMAND	NOTES
		78. a.	DISTRACTIBILITY. Is able to stay on task when in proximity with others.		
PERSONAL SOCIAL INTERPERSONAL		b.	Maintains work quality after experiencing non-work related problems.		
		79.	FEARFULNESS. Deals with others, directly, not shy or hesitant in peer relationships.		
		80.	SELF DISCIPLINE. Is able to tolerate annoying co-workers and maintain task quality.		
		81.	LOYALTY. Never or rarely complains about fellow students, teachers, or tasks.		
		82.	RESPONSIBILITY. Works cooperatively with others and when others work is dependent upon his/her output.		
		83.	SOCIABILITY. Seeks out friends; is an active participant in group activities. Is quick to make friends and get along.		
		84.	SENSITIVITY. Is sensitive to his peers; expresses feelings of warmth to others; gives of himself to increase the esteem of others. Is "selfless" rather than selfish.		
		85.	SOCIAL INVISIBILITY. Blends in with groups and activities smoothly. Behavior is appropriate for the circumstances.		
PERSONAL SOCIAL AUTHORITY		86.	PUNCTUALITY. Has a reputation for being on time; rarely has unexcused lateness. Accepts responsibility for tardiness.		
		87.	SELF INITIATION. Is ready to work without being told; initiates task promptly.		
		88.	WILLINGNESS. When asked to perform new and/or extra tasks he does so.		
		89.	ABSENCE OF SUPERVISION. Left unsupervised work rate does not decrease. May work best without supervision.		
		90.	ACCEPTANCE. Does what he is told within reasonable limits; accepts assigned task.		

FIGURE 3 -- *Continued*

ABILITY	LEARNER FUNCTIONING		BEHAVIOR	TASK DEMAND	NOTES
PERSONAL SOCIAL AUTHORITY		91.	REACTION TO CRITICISM. Reacts positively to criticism from authority. Disagrees in a manner acceptable to authority.		
		92.	SEEKS HELP. When having difficulty with a task he seeks help from authority.		
		93.	CONFORMITY. Is able to accept rules and regulations whether or not he agrees with them.		
		94.	ATTITUDE. Is enthusiastic about assigned tasks; maintains care of work station and materials.		
		95.	SAFETY. Is sensitive to safety for himself and others.		
		96.	ATTENTIVENESS. Listen to instructions and follows direction given by an authority.		

CAREER DEVELOPMENT AND GUIDANCE MATERIALS*

American Personnel and Guidance Association, National Career Information Center, INFORM. Subscription cost to APGA members, $15.00/year. $25.00 to non-members.

Austin, Gary F. Bibliography: Deafness. Silver Spring, Maryland: National Association of the Deaf, n.d. Order No. RS014. $3.50.

Bailey, Larry. A teacher's handbook on career development for children with special needs: Grades K-6. Available from ERIC Document Reproduction Service. ED Number 128 993. Hard (paper) copy, $10.03. Microfiche, $ .83. Now being revised and expanded for grades K-12. For information on availability contact Illinois Office of Education, Services for the Visually Impaired.

B'nai B'rith Career and Counseling Services, Counselor's Information Service. One year subscription, $9.00.

Baltimore County's mobile unit to provide vocational evaluation for handicapped children (Final Report). Townson, Maryland: Board of Education of Baltimore County, Mobile Unit for Vocational Evaluation, 1973. Free.

Braille and large type books on occupational guidance, vocations and trades. Louisville, Kentucky: American Printing House for the Blind, 1974. Free.

Career awareness and exploration program. Peoria, Illinois: Peoria Public Schools, 1972. Free.

CI-TAB (Career information and training activities for the blind, Senior High Level). Louisville, Kentucky: American Printing House for the Blind, 1976.

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Vol. I: Definition of titles (3rd ed.) 1965. $12.80.

Vol. II: Occupational titles (3rd ed.) 1965. $11.10.

Supplement 2 to the dictionary of occupational titles: Selected characteristics of occupations by worker traits and physical strength (3rd ed.) 1968. $2.35.

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CHAPTER 6

VOCATIONAL ASSESSMENT

Vocational assessment is the process whereby students gain insight into their vocational potential -- their abilities and the work environment best suited for them. Vocational potential refers to those characteristics of an individual that have direct or indirect bearing on vocational behavior, that is, the individual's aptitudes, abilities, interests, personality traits, motivations, and concepts of self as shaped by one's experience up to the time of appraisal. Guided by knowledge of these characteristics the student and counseling staff are in a position to select those appropriate educational, training, and employment experiences that should be open to, or opened for, the student (Super, 1969, pp. 76-77).

No system of vocational assessment can be completely valid. Overreliance on psychometric instruments in particular has received severe criticism. Nevertheless, use of a systematic approach to assessment of vocational potential is necessary. The environment offers so many possibilities, and the time available for their exploration is so limited, that it is not possible to expose each person to all of the career development experiences that might be opened up for him or her. While a wide sampling of experiences is advisable (especially in the elementary school and junior high years), some selection is necessary at the high school level.

Without a systematic approach to the selection of educational, training, and employment experiences, the counselor and student are apt to base their choices on subjective impressions held by the counselee, parents, and former teachers. Or a trial-and-error method of selecting academic and vocational classes, work samples, and work experience stations will be used. Random or subjective selection is inefficient at best and invalid at worst. The problem may be compounded for many physically disabled students. Because they are disabled, their curriculum options may have been arbitrarily restricted, especially in such areas as art, music, physical education, and scientific and vocational laboratory experiences -- all of which may have a bearing on the development of occupational interests and potential.

The vocational assessment process may be divided into two principal phases: one is an ongoing evaluation process which should occur throughout the student's schooling and the other is a formal evaluation procedure to be conducted at a specially designated diagnostic center.

While formal concentrated vocational assessment is recommended, it should be recognized that assessment is inherently a continuous, long-range process in the public school. The student's abilities and vocational potential should be reevaluated on an ongoing basis as the individual progresses through the various stages of academic and vocational preparation. Such ongoing assessment should include:

- Evaluation of a student's basic educational knowledge, interests, and skills as evidenced through performance in academic classes
- Evaluation of a student's vocational aptitudes, interests, and achievement as manifested in the prevocational laboratory, vocational skill courses, and exploratory mini-courses
- Evaluation of a student's vocational aptitudes and interests and work behavior at work experience stations, as well as on-the-job observation and intern programs

Teachers, work experience coordinators, and on-the-job supervisors should be encouraged to maintain evaluation records consisting of grades, performance sheets, anecdotal reports, and recommendations. (For a discussion of the prevocational laboratory and other work-related programs that can generate vocational assessment data, see Career Development and Guidance, pp. 258-275.)

The formal vocational assessment consists of a comprehensive, structured evaluation of a student's vocational assets and limitations. Generally, the student's sophomore year is the most suitable time to conduct such a formal vocational assessment. The assessment involves an interview with the student, psychometric testing, personal management skills testing, behavioral observations, work sample testing, and other forms of situational assessment. Background information is gained through school records (especially in the areas of psychological, educational, and medical assessment).

This chapter discusses the formal vocational assessment in terms of sites, components of the process, and the interpretation of results. The focus is on the assessment of students who are contemplating a career in a vocational-technical field. We would like to point out, however, that many of the strategies delineated: 1) may be incorporated as part of the ongoing assessment; and 2) are applicable to students planning to enroll in a four-year postsecondary program.

SITES FOR VOCATIONAL ASSESSMENT

Depending on local resources, a formal vocational assessment of the physically disabled student can be conducted at a number of sites. These include:

Private/public rehabilitation or vocational evaluation center: An option readily available to most school districts is interagency cooperation with a private or public rehabilitation (vocational evaluation) center. For details regarding such agencies in the community, the guidance staff should contact the local Vocational Rehabilitation Office or the facilities specialist in the central office of the State Vocational Rehabilitation Agency. The local educational agency sends students to the center on a fee basis. A minimum age of sixteen is usually required before a student is eligible for such services. A considerable block of time should be allotted for such an assessment -- usually six to eight weeks full time during the summer or twelve to sixteen weeks on a half-day basis during the school year. This time period will allow for individualized work adjustment based on actual work.

School-based diagnostic center: The school-based diagnostic center is a flexible option especially appropriate for large school districts, area vocational centers, or other educational cooperatives. In general, a comprehensive center with a full range of simulated work activities and staffed with specialized personnel is only feasible for a large-scale administrative unit. With careful planning and scheduling, a single diagnostic center can serve "regular" students and those with special needs -- the culturally disadvantaged, physically disabled, mentally retarded, learning disabled, emotionally disturbed, and multiply handicapped. Resources for establishing a school-based diagnostic center are identified on pp. 292-293 of this chapter, and p. 260 of Career Development.

Special summer program: Six- to eight-week residential programs of career orientation/vocational assessment for students with a certain disability are available in a number of states. They are generally conducted by postsecondary institutions, rehabilitation agencies, or special day/residential schools. Local educational agencies send high school students to these programs on a fee basis. Students normally attend such programs the summer before their senior year, however some programs are also open to young adults who are no longer attending high school. In addition to vocational assessment such a program offers students valuable social experiences in living away from home and interacting with peers. For information about available special summer residential programs, the school guidance staff should contact the State Department of Education and State Vocational Rehabilitation Agency.

Area vocational centers can establish similar vocational assessment/career orientation programs on a nonresidential basis. A heterogeneous disabled population can be served. A particularly valuable feature of such a summer program is the opportunity it affords the area vocational center staff to work with a small group of disabled students at a period when the staff is not pressed for time as they would be during the regular school year. The counselor can get to know the student and establish rapport prior to the fall when masses of "regular" students enter. Instructors will be better able to see what problems really exist and how materials, equipment, or classroom presentation geared toward nondisabled students can be adapted. It is sometimes difficult to overcome the misconceptions regular staff members have regarding disabled students. Although inservice training programs are helpful, information may be irrelevant until the counselor or instructor actually works closely with a student.

It is recommended that local educational agencies encourage area vocational centers, state-supported residential schools serving the physically disabled, and multi-county special education or low incidence handicap regional districts to offer residential or nonresidential programs to target populations and areas of the state not presently being served.

The following resource will provide information regarding summer assessment programs:

> Residential Program for Speech and Hearing Impaired Young Adults. Northern Illinois University. This summer program for hearing impaired high school students and young adults is an excellent model applicable also to students with other disabilities. Contact the program for a detailed descriptive brochure and/or additional information.

COMPONENTS OF VOCATIONAL ASSESSMENT PLAN

The vocational assessment process should begin with an interview with the student in order to:

- Establish rapport
- Explain the objectives of the assessment
- Obtain specific biographical data pertaining to medical, social, psychological, educational, economic, and vocational factors
- Ascertain the student's interests and tentative career goals.

If the student has some knowledge of his/her vocational interests and abilities and of major occupational clusters -- gained through exploratory and/or introductory vocational courses, field trips, resource speakers, and occupational information classes -- the validity of this interview and indeed of the entire vocational assessment process will be enhanced.

There are six components of a comprehensive vocational assessment plan.* Some of the data may be available from interviewing the student or from a review of the student's clinical record. The other data must be obtained via the assessment process itself. The six components are:

- Medical data
- Educational data
- Psychological assessment data
- Personal management skills data
- Situational assessment of vocational abilities and interests
- Critical work behaviors (interpersonal relationships data)

Medical data

Medical evaluation should consist of a current physical examination (including vision, speech, and hearing tests) and diagnostic examinations of a more specific nature as required. It is essential that the student and counselor have this data prior to the start of the formal vocational assessment process. School personnel should be responsible for initiating arrangements for needed medical examinations. In most states specialized medical examinations are required for all students who participate in a state-accredited special educational program. If the student is eligible for services from the state Vocational Rehabilitation Agency, it may be possible to have medical examinations underwritten by this agency.

Medical examinations are needed to: ascertain if there are anomalies present which may preclude optimal health and physical functioning; and determine the precise nature and level of the individual's disability. Thorough medical examinations are as important for the mildly impaired as for students with a severe disability. Previously undetected (or unreported) physical/health problems may cause a vocational handicap or make one more severe. Medical assessment should indicate whether treatment can modify or remedy some or all of the limitations. It is essential that all medical data used be current. Out-of-date data may be misleading and, especially in instances of impairments such as cardiac conditions, may presume a level of disability that is no longer accurate.

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* Many of the suggestions in this section regarding the components of a vocational assessment plan and use of the student's clinical record have been derived from Vocational evaluation: Special education's responsibility (Brolin, 1973).

In cooperation with physicians and other medical personnel the counselor should use the results of a comprehensive medical examination to determine the following:

- Overall health status and extent of physical stamina. Is the student capable of performing efficiently over a working day on a regular basis?
- Nature and extent of physical limitations that may affect job performance. What are the limitations of the disability in terms of the physical functioning of the student and the environmental conditions which should be avoided? (For a discussion of this topic and presentation of sample job demands and physical capacities appraisal reports, see Career Development, pp. 242-246 and 265-275.)
- Presence of mannerisms (e.g., drooling, facial grimaces) or bodily deformities that may be disconcerting to others. These may have a bearing on occupational choice in that the individual may have difficulty in obtaining employment that involves public contact. (Note: Some deformities and mannerisms may be treated through medical rehabilitation. It may be the counselor's responsibility to recommend further treatment to the parents and child and to investigate the possibilities of financial help for treatment. Student or parent counseling regarding the importance of physical restoration also may be required.)

A helpful resource regarding medical factors is:

> Brockman Schmacher & Harry Allen, Medical resource package. A book and accompanying audiovisuals designed for the inservice training of rehabilitation professionals serving severely disabled clients.

Educational data

Educational assessment involves evaluating the student's academic ability in terms of how it may affect potential career choices. Primary sources of this information are: transcript, credits and grades to date; and standardized achievement test results. In interpreting educational data the counselor must take into consideration that the physically disabled student may have lost time from school because of illness, rehabilitation treatment, or low stamina. Lengthy absences may have adversely affected grades, reading levels, or other measures of academic achievement. Motivational factors and maturation levels also must be considered when interpreting educational achievmenet.

Psychological assessment data

Psychological assessment involves evaluating a student's verbal skills, performance skills, special interests, and knowledge. A major component of such assessment is the use of standardized tests to measure personal interests, personality characteristics, native intelligence, eye-hand coordination, dexterity, and manipulative skills. Used with caution, such testing is a valuable tool for assessing an individual's vocational potential. The psychologist or psychometrician must be aware of certain pitfalls, however.

In the past, psychological assessment has focused on intelligence quotient scores despite their relative insignificance in predicting the physically disabled individual's vocational potential. Standardized vocational aptitude and interest tests may be equally suspect. While such tests may afford some insight into a student's vocational assets and liabilities, caution must be exercised in selecting, administering, and interpreting the tests. The presence of a motor, sensory, or perceptual impairment may affect the predictive validity of aptitude tests. For example, few mechanical aptitude tests allow for the period of accommodation through practice which some physically disabled individuals need in order to perform manual tasks adequately. The usual measures of interest are not always appropriate for the more severely physically disabled person who has had limited work-related and social experiences.

Garrett (1966, p. 625) notes, however, that certain tests may be used to advantage if they are used clinically. In other words, rather than seeking test scores, the evaluator is concerned with test behavior.

S/he notes such factors as the subject's method of attacking a problem, reaction to failure, persistence in spite of incoordinate movements, desire for support from the examiner, use of his/her hands. If the examiner uses the test clinically rather than as standardized, s/he may repeat the test many times. This allows for an evaluation of learning ability, fatigability, persistence, and most importantly, adaptability. The examiner can determine at least in part the disabled individual's capacity to compensate for his/her disability by devising and using methods to overcome limitations.

If judiciously selected, administered, and interpreted, psychometric assessment can be of real assistance in helping to determine the individual's skill and in pinpointing intellectual and personality strengths and weaknesses for eventual vocational programming. Such assessment may indicate which occupations are likely to be inappropriate for an individual, but more importantly, it should be used to indicate potential success in a particular occupation or occupational cluster. For further information on the use of standardized tests see Psychometric Testing, pp. 307-352.

Personal management skills data

Assessing the physically disabled person's independence in personal management skills is an important component of vocational assessment. Prospective employers are frequently more worried about the disabled job candidate's ability to move about in the work environment, to handle self-care needs, and to communicate with fellow employees than they are about the person's ability to do the work tasks themselves. All other factors being equal, the greater the extent of independent functioning an individual possesses, the greater are his/her job placement options. Factors to be assessed are:

- Mobility and orientation skills sufficient to
  - -- Function independently in the work environment
  - -- Get to and from work reliably without undue stress
  - -- Cope with and handle the mobility needs incident to his/her pattern of daily living and social activities

- Ability to handle basic self-care needs while on the job (toileting, eating, etc.)
- Personal grooming to assure neat and appropriate appearance
- Acceptable social and table etiquette
- Ability to communicate with others verbally or by writing
- Ability to record ideas (handwriting, typing, use of recording equipment, use of braille stylus, etc.) in a form comprehensible to oneself and to others. (Especially with the visually impaired, methods for personal use and methods for reading by others may differ; the person should be proficient in both forms.)
- Ability to use prostheses and special aids and devices that maximize one's functional independence
- Ability to sign checks, applications, and other frequently used forms and documents in a consistent and recognizable manner. (This is especially pertinent to the visually impaired and to persons with severe hand involvement.)
- Ability to locate and use sources of support assistance (e.g., interpreters; braille, large-print and recorded materials; and special aids and devices)
- Ability to handle ordinary financial transactions. (For the visually impaired this involves the ability to identify coins and paper money.)
- Ability to comprehend written material in print or alternative forms (e.g., recorded or taped versions, braille, etc.)
- Ability to identify and contact local/state/national associations of and for the physically disabled that provide information, support services and social-recreational opportunities

A number of rating scales have been devised to assist the counselor in assessing personal management skills. We recommend that the counselor consult:

> Materials Development Center, Client rating scales for use in vocational rehabilitation facilities. Describes 11 widely-used rating instruments and presents ordering information.

For additional information the counselor is encouraged to contact the local Vocational Rehabilitation Office and nearby rehabilitation facilities. Schools with a sizable disabled population may find it desirable to construct their own instruments.

Whatever the instrument(s) used, the primary purpose of such evaluation should be to pinpoint areas in which further training is required.

A low score should not be interpreted in a devaluating manner; in most instances it merely indicates that the individual's school and home experience have been deficient in the personal management area. (See Personal Adjustment, pp. 133-139, for a discussion of the role of the school in personal management training.)

Situational assessment of vocational abilities and interests

An old testing adage states that the best and most valid test is the one which most nearly approximates its criterion. Situations which most nearly replicate actual working conditions are especially useful in vocational assessments. In the work sample approach the student is confronted with a realistic "work task" and is given written or oral directions on how to do it. Tools and materials with which to work are provided. If necessary, s/he can be shown what the finished product is to be. The task itself is usually based on a job analysis either of an actual job or of fundamental processes of a trade to be learned. To be valid for evaluation purposes such tasks must be presented in a controlled environment in a standardized manner. As with mechnical aptitude tests, a clinical approach (which is concerned with test behavior and permits the student to redo the work sample several times as either s/he or the counselor see fit) is recommended for the more severely physically disabled student.

A battery of work samples can provide valuable information on a student's ability to follow instructions and to use the basic tools required in a particular occupational area. Theoretically, if a person can adequately perform on a realistic facsimile of a specific job, his or her chances for success in that occupation are good. Comprehensive batteries of work samples are known as vocational evaluation systems. Over the years a number of vocational evaluation systems have been developed for both regular and special needs populations. Those that are widely used include the Singer, JEVS, Tower, and the Wide Range Employment Sample Test.

The purpose of vocational evaluation systems is to provide a hands-on approach to the assessment of vocational strengths, weaknesses, interests, and potentials. Unlike psychometric tests, work samples are more motivating, less anxiety-producing, and more appropriate for persons with cultural differences and language difficulties than are most tests; they may sample actual operations of a job and thus enable the student to gain better appreciation of the realities of work; and they provide an opportunity for self-evaluation.

The Materials Development Center at the University of Wisconsin - Stout is an excellent resource for literature and media on vocational evaluation and work adjustment. We recommend the following materials available from MDC:

Descriptions and comparisons of seven commercial evaluation systems. Systems described are: TOWER System, Philadelphia JEVS Work Sample Battery, Singer Vocational Evaluation System, Talent Assessment Programs, Wide Range Employment Sample Test, McCarron-Dial Evaluation System, and the VALPAR Component Work Sample Series.

Orientation to work evaluation batteries series. A series of 10 sound/slide presentations to orient vocational evaluators to the purposes, organization, and hardware of 10 commercial evaluation systems. Systems addressed are the seven identified above and Thomasat, Orientation to Dexterity Tests, and Hester Evaluation System.

Suggested format and content of a work sample manual. Includes information and examples covering the necessary content of a work sample manual.

Suggested publications for developing an agency library on work evaluation and work adjustment. Annotated listing which includes ordering information and price.

Work sample evaluation of blind clients: Criteria for administration and development. Includes: specific information for administering and scoring work samples and using norms; a review of the literature; and suggested modifications for the Philadelphia JEVS Work Sample Battery, the Singer Vocational Evaluation System, and the VALPAR Component Work Sample Series.

Work sample manual clearinghouse catalog. Annotated listing which includes descriptions and prices of work samples available through the Materials Development Center.

Useful materials from other sources are:

Comprehensive occupational assessment and training system. Includes: assessment of daily living skills; work samples; job matching system; and assessment of employability attitudes, job-seeking, job-maintaining, and advancement skills. Audiovisuals. Computer scored.

Hollis Hitten, Viewpoints on vocational evaluation. Presents overview of the work sample process in vocational evaluation. Includes descriptions of suggested work samples that can be developed locally by diagnostic center personnel.

J. Hutchison (Ed.), Goodwill Industries of America rehabilitation manual. Presents overview of vocational evaluation process. Includes job samples and report forms for use by school-based diagnostic center personnel. Included are clerical, light industrial, semi-skilled, and janitor-maid job samples.

Mobile Unit for Vocational Evaluation, Baltimore County's mobile unit to provide vocational evaluation for handicapped children. Delineates procedures and materials used for a school-based vocational evaluation program. Includes reports, work samples, listing of psychometric tests.

Julian Nadolsky, Development of a model for vocational evaluation of the disadvantaged. Vocational evaluation of the culturally disadvantaged. Both documents present details regarding the vocational evaluation process as it relates to handicapped/disadvantaged individuals.

Project Serve: An inter-district cooperative work experience program for handicapped youth. Describes in detail a vocational counseling and assessment program at an area vocational center. Describes work samples used.

In the work sample approach, it is of paramount importance to use procedures that maximize the student's participation in the decision-making process. Development of a student's skills in making career-related decisions involves training a student to: 1) acquire information about him/herself and about occupations; and 2) process that information to arrive at a valid career choice. Our era is one characterized by frequent and radical changes within jobs and within the labor market. By focusing on the decision-making process, the guidance and instructional staff can help disabled students develop the ability to make future vocational decisions whenever the need arises. As Dunn (1973) points out, vocational evaluation systems and other forms of situational assessment afford students opportunities to acquire these decision-making skills:

- Work samples provide a direct, hands-on experience for the student during which s/he can experience and feel what it is like to perform specific work tasks and to acquire information about his/her reactions to performing these tasks.

- By providing the student with the opportunity to choose those work samples s/he would like to perform, the vocational evaluator provides a situation in which the consequences of a vocational choice become immediately known to the student.
- By providing the student with an opportunity to indicate his/her reactions to his/her performance and behavior on work samples and following this up with a statement of performance and behavior as seen by the evaluator, a learning situation for developing self-evaluation abilities is established. (pp. 22-23)

There are other potential benefits to the student as well. Brolin (1973) has delineated them as follows:

- When confronted with an actual or simulated job to do, students begin thinking seriously about their future and what they would like to do. Merely talking about jobs may stimulate little interest.
- Job exploration can be initiated by conducting and administering vocational assessments. The student has the opportunity to try out a number of different types of work tasks that are related to a variety of job families. Such try-outs can prompt the student to do further reading on specific jobs related to specific interests.
- Actual simulations of real jobs can be brought into the classroom or diagnostic center and tried out without any pressure. Some disabled students have a problem functioning under pressure, and in a more relaxed and non-threatening atmosphere, they can try the various tasks.
- Utilizing a vocational assessment system can be a meaningful deviation from the more traditional verbal activities of the classroom. Some disabled students are more likely to enjoy and succeed in manipulative tasks and activities as opposed to verbal ones.
- Vocational assessment systems can be used as behavioral change instruments. Work habits, interpersonal relationships, cooperation, and other behaviors that are required to satisfactorily perform different jobs may change when one is engaged in vocational assessment activities requiring these behaviors.
- Use of a vocational assessment permits the school to identify and work on vocational strengths and weaknesses while the student is still in school. Otherwise, vocational strengths and weaknesses may be manifested only after the student has graduated.
- Vocational assessment brings reality into the classroom and motivates the student to learn academic materials and acquire other skills. When confronted with actual vocational tasks

s/he is able to see why it is necessary to be able to read, write, compute, appropriately relate to other individuals, etc.

- Vocational assessment tasks can be a builder of self-confidence and a different technique of learning. The more verbal and abstract classroom material may be very frustrating and self-debilitating to certain disabled individuals whereas perceptual-motor activities may be more appropriate. Moreover, there is evidence that the skills required in school may be different than those needed for satisfactory community adjustment, i.e., the skills needed for academic success are not directly related to community success. (pp. 13-15)

It should be noted that the vocational evaluation system approach may not be appropriate for all school districts and/or all disabled students. Like psychometric testing, work samples are only a partial answer to the question of vocational assessment. Major disadvantages of work samples include:

- Some work samples may not be appropriate for persons with certain types of disabilities.
- Work samples may not distinguish between aptitude and achievement. Consequently, it is essential that examiners interpret results in the light of how much related experience the student has had.
- Problems of validity and reliability may exist due to the inevitable subjectiveness of the evaluation and the difficulty of establishing norms upon which to compare the individual's performance with other groups.
- Developing work samples or purchasing comprehensive vocational evaluation systems may be expensive.
- Problems may be encountered in developing enough representative samples to cover all the major occupations. At present, samples included in the vocational evaluation system approach are restricted to semi-skilled, skilled or clerical tasks, neglecting professional, semi-professional and managerial ones.
- Work samples will require updating as social and technological changes alter the nature of various occupations.

It is important to note that situational assessment need not be limited to the work sample/vocational evaluation system approach. If time and facilities permit, on-the-job trials and trial sessions in one or more vocational laboratory courses might also be included in the formal vocational assessment process. Such opportunity may be of particular value if there are serious discrepancies between the expressed occupational preferences of the student and the judgment of the vocational assessment staff.

Critical work behaviors (interpersonal relationships data)

The ability to interact appropriately with other persons on the job is crucial to work adjustment. Thus, another essential component of vocational assessment is the observation of critical work behaviors. These are behaviors which make a significant difference in whether or not a person will be -- or remain -- employed. They relate directly to success in adult occupations, ranging from competitive employment to employment in the home or in a sheltered workshop. Inappropriate behavior, rather than inability to do the job, is a major reason for loss of employment by the vocationally handicapped.

To objectively observe and rate work attitudes and behavior, the examiner should use a work personality rating scale such as that presented in Figure 1. Although the work personality observed during work sample testing is especially significant, observations should not be limited to this relatively brief formal vocational assessment period. Rating scales can and should be used in prevocational laboratory, on-campus, and community work station settings. The following resources from the Materials Development Center will assist the counselor in identifying and using rating scales:

> Client rating scales for use in vocational rehabilitation agencies. This publication discusses briefly some reasons for using rating scales, types of scales, problems and pitfalls in using such instruments, and considerations in selecting a scale. Eleven such scales are included for review.
>
> MDC behavior identification format. Designed as an evaluator's tool for the identification, understanding, and description of specific work behaviors, both positive and negative, which have a bearing on the employability of the client. Such recorded observation results provide specificity and structure for work adjustment training and treatment programming.
>
> Observation and client evaluation in workshops: A guide and a manual. Presents 12 areas of client work behavior found to be

FIGURE 1

WORK CHARACTERISTICS*

NAME_______________________________ SCHOOL_______________ DATE_______

(Check the ones that apply)

1. Ability to analyze and reason. Can reason_____ Cannot reason_____
2. Attention span and work tolerance. Nearly always completes tasks__ Completes at least one-half of the tasks_____ Several_____ None___
3. Cleans up work area. Nearly always_____ at least one-half of the time_____ occasionally_____ never_____
4. Cooperation. Cooperates nearly always_____ at least one-half of the time_____ never_____
5. Dependability. Is nearly always dependable_____ at least one-half of the time_____ occasionally_____ never_____
6. Enthusiasm. Is nearly always enthusiastic_____ at least one-half of the time_____ occasionally_____ never_____
7. Flexibility. (Willingness to try new tasks.) Nearly always flexible_____ at least one-half of the time_____ never_____
8. Grooming. Nearly always well-groomed_____ at least one-half of the time_____ never_____
9. Initiates own tasks. Nearly always_____ at least one-half of the time_____ occasionally_____ never_____
10. Maturity. (In relation to group) Above average_____ Average_____ Below average_____ Not at all mature_____
11. Neatness. Nearly always neat_____ Neat at least one-half of the time_____ occasionally_____ never_____
12. Perseverance. Perseveres almost always_____ at least one-half of the time_____ occasionally_____ never_____

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* From Mobile Unit for Vocational Evaluation, Baltimore County's Mobile Unit to provide vocational evaluation for handicapped children. Towson, Maryland: Board of Education for Baltimore County, 1973, pp. 89-91. Reprinted with permission.

WORK CHARACTERISTICS -- *Continued*

13. Punctuality. Usually punctual_____ at least one-half of the time_____ occasionally_____ never_____

14. Quality of work. Above average_____ Average_____

15. Reaction to frustration and stress. (When things are not going well) Stops working_____ Substantial change in production_____ small decrease in production_____ no decrease_____ not applicable_____

16. Returns from breaks (without being reminded). Nearly always_____ at least one-half of the time_____ occasionally_____ never_____

17. Safety instructions. (follows them) Always_____ at least one-half of the time_____ occasionally_____ never_____

18. Seeks help. Nearly always_____ at least one-half of the time_____ occasionally_____ never_____

19. Supervision. Nearly always needs supervision_____ one-half of the time_____ never_____ specify_____________________________________

20. Thoroughness. Nearly always thorough_____ one-half of the time___ occasionally_____ never_____

21. Verbal instructions. Nearly always retains and follows verbal instructions_____ occasionally_____ never_____

22. Work attitude. Is nearly always positive_____ positive at least one-half of the time_____ occasionally_____ never_____

23. Work improvement with experience. Improves rapidly_____ improves at a fairly rapid rate_____ improves slowly but gradually_____ shows little improvement_____

24. Work speed. Always rapid_____ acceptable at least one-half of the time _____ occasionally_____ not acceptable_____

25. Written instructions. Can follow them_____ cannot follow_____

26. Emotional stability. Good_____Fair_____Poor_____Unsatisfactory___

27. Self-confidence and self-concept. Excessive_____ adequate_____ inadequate_____

indicators of success or failure in competitive work. Includes suggestions to help evaluators improve their observational skills and to make inferences from evaluations.

Objective observation of the student in a real or simulated work setting is preferable to reliance on social assessment anecdotal data (e.g., teacher's comments on the student's relationships with peers and authority figures) gleaned from a student's clinical record. While anecdotal data may be of assistance in assessing a student's social maturity, it may be highly subjective or may not be illustrative of the individual's behavior in various types of work situations.

INTERPRETING VOCATIONAL ASSESSMENT RESULTS*

Vocational assessment is not, nor should it be, an end in itself. Selection and classification are often -- and incorrectly -- considered the major purposes of evaluation. Of greater educational import is the fact that evaluation can reveal deficiencies, problems and needs which can be eliminated or modified. Hence vocational assessments are tools for identifying the special services, training, or treatment which will ultimately nullify the prediction indicated by the assessment process. While the assessment must take note of the student's deficits, it is absolutely essential to pay more attention to the assets, or potential assets, that every individual possesses in some measure. The counselor and student can then facilitate the development and use of these assets. An excellent resource regarding the application of vocational assessment results is:

> Mobile Unit for Vocational Evaluation, Baltimore County's Mobile Unit to provide vocational evaluation for handicapped children. Presents detailed suggestions for the preparation and use of an individual evaluation report as well as procedures for analyzing composite vocational evaluation data to help school staff in modifying the curriculum for special needs students.

In interpreting the results of vocational assessment to students and their parents, particular emphasis should be placed upon positive aspects of the student's performance. Vocational assessment becomes valuable to students only if they understand what they are doing and why it is being done. Testing, to be valid, should assist the student to do the following:

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* The authors are indebted to Cecil H. Patterson and Mary K. Bauman for a number of the ideas expressed in this section.

- Understand him/herself better
- Appreciate and understand how to use his/her own strengths
- Appreciate and understand how to correct his/her weaknesses
- Feel s/he has had fair and frank discussion in a form which helps him/her
- Have some positive moves s/he can make. If the student needs help in making these moves s/he should understand just what part of that help the school can provide and where to seek the rest.

It should be emphasized that vocational assessment, like counseling, is something that one does with students and not for them. If career guidance is to be successful, students must learn how to realistically assess their own assets and limitations. While parents, teachers, and counselors can and should assist students in making realistic career choices, these are ultimately decisions that all individuals must make for themselves. Two counseling approaches which actively involve the student in the decision-making process are presented below. Both have been successfully used with adolescents and young adults with a wide range of intellectual and physical capacities.

Preparation of self-evaluation sheet listing assets and liabilities

Garrett (1966, pp. 628-629) describes this method as follows. A large sheet of paper is used, divided down the middle with "assets" on the left column and "liabilities" on the right. The basic orientation of both counselor and student is that the work one chooses to do should suit most of one's assets and require few if any of one's liabilities. This method presumes that the student needs to make an occupational choice, has a sufficient background of occupational information, has undergone a comprehensive vocational assessment, and is aware of his/her assets and liabilities. The counselor makes it clear that s/he does not have the answers and emphasizes this by the mutual working through of the process.

Jointly counselor and counselee explore whatever both know about the student in terms of physical capacities, mental abilities, emotional status, ability for self-care, vocational aptitudes, aspirations, preferences, and similar data. Each of the characteristics arrived upon is carefully listed in the appropriate column. The listings are made in terms comprehensible to the student and s/he may even be encouraged to do the writing. Care should be exercised lest the "liabilities" column be greater than the "assets." (A realistic appraisal of student strengths and weaknesses will almost always reveal more ability than disability.)

Each occupation under consideration is then compared in detail with all the student's assets and liabilities to determine which have significance for the occupation. An informal "score" of so many assets and so many liabilities is obtained. When all of the occupational groups have been completed, a rough scale of values in terms of suitability of the occupation is ready. After such a process the student is usually ready to choose wisely, realistically, and with self-satisfaction, for s/he has been an active partner in decision-making.

This process is dynamic and thus guards against a student's dependency, detachment, and avoidance of the realities of the disability or of work. In some instances, such a self-evaluation exercise may alleviate the strain of trying to hide a disability or to minimize its inconvenience and personal significance; the individual with a physical disability may welcome the relief of openly acknowledging the problems and limitations that the disability may impose. Here the counseling process must guard against defeatism and depression.

Group work adjustment seminar

Robert Lassiter (1974) proposes that vocational decision-making can be facilitated by a group counseling approach. Under Lassiter's plan an eight-week group work adjustment seminar is divided into two parts. The first four weeks focus on affective learning with an opportunity provided for participants to develop interpersonal skills. In the final four weeks participants share with each other self-evaluation profiles, working experiences, and a proposed individual vocational plan. The seminar facilitator (counselor) and the group participants provide feedback. Weekly individual conferences with the seminar facilitator supplement the group counseling activity. The number of participants should be limited to eight or ten individuals.

Lassiter delineates the following assignments for the last four weeks of the seminar:*

> Assignment 1
>
> Each group member will share with the group the problems that he is experiencing in whatever work situation in which he has been involved, either in prevocational or work evaluation settings or job-tryouts, etc. These problems may have to do with attitudes toward employers, fellow employees, work habits, and other basic problems involved with any work setting. "Feedback" from others will be the key in these sessions.
>
> Assignment 2
>
> Each client will share with the group his own self-evaluation. A form can be devised by the facilitator to ask for a listing of strengths and weaknesses, including a statement at the end such as "What I can do to build on my strengths, and find ways to eliminate or accept my weaknesses in order to become free as a productive worker?"
>
> Assignment 3
>
> Each client will share with the group a plan he has set up by himself or with his counselor (the facilitator, perhaps) for assuming responsibility for working. This may include getting a job, a job-tryout, an on-the-job experience, or some kind of vocational training program.
>
> Assignment 4
>
> Each client will be asked to share his evaluation of the group experience and the facilitator will encourage him to share his thoughts and feelings about himself and his future. The facilitator should encourage each client to express his feelings about future needs related to work adjustment.

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* From Richard E. Hardy and John G. Cull, Group counseling and therapy techniques in special settings. Springfield, Illinois: Charles C. Thomas, Publisher, 1974, pp. 159-160. Reprinted with permission of the publisher.

WORK ADJUSTMENT

For the more severely vocationally handicapped student, a work adjustment phase is advisable prior to placement in a vocational training or work experience program. Work adjustment is a treatment process utilizing work or aspects of work to modify behavior. Gefland (1966) sees work adjustment as "the next logical step" in the work evaluation process:

> *It utilizes such principles as (1) sharing the diagnosis with the disabled client, i.e., bringing to his attention his positive and negative work habits and attitudes through the observation of work behavior as manifested by his production of work and his behavioral approach to work, (2) working through faulty work patterns through consistent interpretation of them, (3) offering encouragement to improve poor habits, and (4) providing awards when improvement occurs.* (p. 28)

Work adjustment should be planned individually for each student to concentrate on the particular deficiencies in work attitudes and behavior that have previously been delineated in the vocational assessment process. The student's work environment is purposely structured so that appropriate behaviors are learned and maintained and inappropriate behaviors are extinguished. Work behavior traits that frequently need to be positively reinforced are punctuality, reliability, and ability to follow instructions and to get along with job supervisors and co-workers. Work adjustment need not be limited to those students who need assistance with interpersonal behavior. For the more socially mature student with severe physical limitations the program may focus on the development of physical stamina and the use of special devices and techniques to compensate for physical deficiencies. The ultimate goal of work adjustment is to help the student develop adequate physical tolerances, change inappropriate work behaviors, and acquire new vocationally-related information and experience.

Work adjustment necessitates the replication of actual or simulated working conditions. Sites may include a community rehabilitation facility or a school-based diagnostic center or prevocational laboratory. Activities may involve industrial work (typically of a routine, repetitive subcontract variety) or a variety of services to the school district or non-profit community agency (clerical or graphic arts tasks, sanding or refinishing school or day-care center furniture or play equipment, etc.).

The school prevocational laboratory is an excellent site for short or long-term work adjustment. In some schools such laboratories have been organized for the culturally disadvantaged/mentally handicapped student. These same laboratories can also be used for physically disabled students if certain accommodations are taken into consideration. These include ease of accessibility, availability of special aids and equipment, and the employment of staff knowledgeable of classroom procedures required to effectively serve students with motor, sensory, or perceptual disabilities. The guidance staff should bear in mind that mentally-able, physically impaired students will generally be more willing to use a prevocational laboratory if they are not scheduled at the same time as students with mental handicaps.

Work adjustment resources available from the Materials Development Center include:

Individualized client planning for work adjustment services.

Suggested publications for developing an agency library on work evaluation and work adjustment.

Vocational evaluation and work adjustment bulletin.

Suggested readings from other sources are:

Bernard Gefland, The concept of reality as used in work evaluation and work adjustment. In Journal of Rehabilitation.

Robert Lassiter, Use of group counseling in achieving work adjustment. In Hardy & Cull, Group counseling and therapy techniques in special settings.

VOCATIONAL ASSESSMENT MATERIALS*

Comprehensive occupational assessment and training system. Trenton, New Jersey: Prep Inc. Contact Prep Inc. for descriptive literature.

Gefland, Bernard. The concept of reality as used in work evaluation and work adjustment. *Journal of Rehabilitation*, 1966, *32*(6), pp. 26-28.

Hitten, Hollis. *Viewpoints on vocational evaluation*. Talladega, Alabama: Special Technical Facility of the Department of Adult Blind and Deaf, 1970. $1.50.

Hutchison, J. *Goodwill Industries of America rehabilitation manual*. Washington, D. C.: Goodwill Industries of America, 1975. $25.00.

Lassiter, Robert. Use of group counseling in achieving work adjustment. In Richard Hardy & John Cull (Eds.), *Group counseling and therapy techniques in special settings*, pp. 146-162. Springfield, [illegible]nois: Charles C. Thomas, 1974. $10.75.

Materials Development Center.

Client rating scales for use in vocational rehabilitation agencies. (By T. Esser.) 1976. $1.50.

Descriptions and comparisons of seven commercial evaluation systems. (By K. Botterbusch.) 1976. $1.50.

Individualized client planning for work adjustment services. (By T. Esser.) 1975. $1.50.

MDC behavior identification format. 1974. $2.00.

Observation and client evaluation in workshops: A guide and manual. (By L. Goldstein, R. Pollack, & A. Soloff.) 1973. $1.50.

Orientation to work evaluation batteries series. $6.00 per three-day rental for each presentation. Purchase costs range from $25.00 to $35.00. Write to MDC for further information.

Suggested format and content of a work sample manual. (By S. Thomas.) 1974. $2.00.

Suggested publications for developing an agency library on work evaluation and work adjustment (4th Edition). 1975. Free.

Vocational evaluation and work adjustment bulletin. 1975. Reprint Series No. 12. $2.00.

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* Addresses for ordering materials may be found in Appendix 1.

Work sample evaluation of blind clients: Criteria for Administration and development. (By M. Dickson.) 1976. $1.50.

Work sample manual clearinghouse catalogue. 1976. Free.

Mobile Unit for Vocational Evaluation. Baltimore County's mobile unit to provide vocational evaluation for handicapped children (Final Report). Townson, Maryland: Board of Education for Baltimore County, 1973. Free.

Nadolsky, Julian. Auburn University School of Education, Department of Vocational & Adult Education, Auburn, Alabama.

Development of a model for vocational evaluation of the disadvantaged. 1973. $3.00.

Vocational evaluation of the culturally disadvantaged. 1973. $3.00.

Both available from Auburn University, Rehabilitation Services Education.

Project Serve: An inter-district cooperative work experience program for handicapped youth. White Bear Lake, Minnesota: Project Serve, 1974. Free.

Residential Program for Speech and Hearing Impaired Young Adults, Speech and Hearing Clinic, Northern Illinois University, DeKalb, Illinois 60115. Send inquiries to the attention of the Director.

Schmacker, Brockman & Allen, Harry. Medical resource package. DeKalb, Illinois: Rehabilitation Counselor Training Program, Southern Illinois University, 1976. Available from Continuing Education Multi-Resource Center, Inc. $35.00.

CHAPTER 7

PSYCHOMETRIC TESTING

Psychometric testing has become a common practice in American society. Used properly it is one tool for providing school personnel, individual students and their parents with information that can be used to help students make important educational, career, and personal decisions. A most valuable role of appropriate testing is that test results can often provide students with information about themselves that will lead to greater self-understanding and self-acceptance. These benefits are especially important to physically disabled individuals, who may lack knowledge about their own abilities and who may be relatively unaware of the factors that are required for effective achievement in school or on the job (Patterson & Stewart, 1971, p. 79).

Nevertheless, psychometric testing, especially when used with atypical populations, has been increasingly criticized in recent years. The use of standardized achievement and ability tests as major determiners in educational placement decisions has been vehemently protested by many educators, parent groups, and spokespersons for minority groups. These critics contend that psychometric testing has been frequently misused and therefore is potentially harmful to those it is intended to help.

In an effort to correct these potential abuses a number of legal decisions and recent state and federal legislation (including P.L. 94-142, the Education for All Handicapped Children Act) have stipulated such safeguards as: the guarantee of due process; the right of substantive parental involvement in testing and placement decisions; limitations on the use of standardized group tests for educational placement decisions; and the requirement that the selection of tests and test administration and interpretation procedures take into account linguistic preferences, physical and learning disabilities that may effect test performance, and atypical life experiences.

In devising a psychological testing program for students, be they nondisabled or physically impaired, an important preliminary step is to formulate the rationale for conducting the tests in the first place. Testing is not an end in itself, but a means to aid an individual in personal growth and development, be it social, educational, or vocational. Psychological assessment is of value only insofar as it leads to a reasonable and helpful program of services.

Selection and classification are often considered the major purposes of psychological testing. This is a mistake, particularly in the case of the physically disabled student. Diagnosis for the purpose of decision-making is a different - and far more valuable - process than assessment for classification purposes. Rather than merely labeling a client as "educationally blind" or of "low average intelligence", diagnosis for decision-making focuses on recommending procedures the teacher, parent, counselor, social worker, or therapist should use to maximize the client's development. The classification of students for educational purposes should describe educational programs and services needed by each child, rather than categorize the child by some label unrelated to educational programming (Nazzaro, 1976, p. 37). In brief, a comprehensive psychoeducational diagnosis is useful only insofar as it can be translated into treatment, training, or teaching strategies designed for the individual student. Such a diagnosis should take note of the student's deficits but should pay more attention to the student's assets, or potential assets, so that the program staff and the student can facilitate the development and use of these assets.

Test scores by themselves are meaningless. Psychologists and counselors should never forget that in interpreting test results for purposes of educational-career planning, both the capabilities of the student and the requirements of a specific educational or work environment must be considered. Thus a deaf high school senior with a reading achievement score at the fifth grade level would be considered a poor risk candidate for a regular four-year college program. By itself, however, such a reading level would be a far less serious deficit were the student to enroll in a postsecondary vocational-technical institution with specialized programs and services for hearing impaired students. Test results have different meanings as related to different educational or training environments.

Parental involvement and approval is a crucial issue in testing. Schools have traditionally assumed the sole authority in making decisions about testing and placing children. Parents would be advised of placement decisions after they had been made. Such nonconsultation of parents is no longer permissible. P.L. 94-142 requires local educational agencies serving handicapped students to treat parents as equal and knowledgeable partners in the educational decision-making process. Parental rights which have been mandated by this Act include the right to:

- Receive prior notice of the State or LEA proposal to (or refusal to) evaluate the child
- Be informed of all information relevant to conducting the evaluation
- Grant or deny consent to having the evaluation conducted
- Examine all records related to the evaluation of the child
- Obtain an independent evaluation of the child.

For further information on the parents' role regarding evaluation, see Parent Involvement, pp. 395-399.

Also to be considered are the limitations inherent in psychological testing *per se*. Patterson (1971, p. 341) notes that while in many cases a skilled psychologist may obtain a fairly good estimate of aptitude by the judicious selection and use of tests, there are other cases (usually involving more severely disabled clients) where the available standardized tests are of little help. The results of psychological testing may be spuriously low, but there is no correction factor which can be added to give a true score.

Psychological diagnosis involves assessing a multiplicity of individual traits, including social competence, communication skills, vocational and recreational interests, manual dexterity, personal management skills, motivation, work tolerance, and other competencies that may be as important to the disabled individual's welfare as more purely intellectual or emotional factors. Formal test instruments may not always be the best method for evaluating many of these traits. Psychologists and counselors must be cognizant of the very real limitations of even the most carefully selected test battery. A very inaccurate picture of the individual will emerge if tests are used to answer questions that were better pursued through other means. Testing is an important component in the assessment process, but in many instances there are better and more useful techniques available - even though they may be more time consuming and require a very high level of skill on the part of the professional (Monbeck & Mulholland, 1975, p. 339).

Scholl and Schnur (1975) note that assessment has traditionally been carried out through the use of formal measures. However, it is crucial to consider alternatives to traditional assessment approaches. The following approaches are illustrative of these non-traditional measures:

- Observation in the home, school, work experience station, recreational and social situations, or other familiar settings. This may provide a better indication of the range of actual and potential functioning than observation limited to the testing situation proper.
- Observation as well as formal assessment in settings that are new for the client. This strategy may be useful in assessing such characteristics as: how adaptable the person might be when moved to a different setting; personal management skills; coping skills that become highlighted when new responses are required; and degree of adaptation to new persons in the new setting. A period of work adjustment in a school or community-based diagnostic center is one setting for such observation that is available to many disabled high school students. (See Vocational Assessment, pp. 303-304.)
- Trial experiences in the placement setting being considered.
- Behaviorally oriented assessment. Behavioral techniques for identifying and charting rate and frequency of behaviors are gaining popularity in many settings. This type of assessment provides data that are easily translated into programming for the student. It may be conducted in a classroom, vocational diagnostic laboratory, or work experience station setting.
- Case material from the student, family, or school personnel. (p.368)

Unless careful consideration is given to the choice of a proper test, the use of appropriate administration procedures, and the interpretation of test results from an informed perspective, we believe that psychometric testing of physically disabled students may do more harm than good. Adherence to the following legislation, guidelines for nondiscriminatory testing programs, and recommendations for testing persons with various disabilities will help prevent the possible abuses of psychometric testing. Even if the counselor is not the individual who administers the test, s/he should be familiar with the issues in this chapter: Knowledge of the appropriate selection and administration procedures is a prerequisite to effective interpretation of test results.

The following readings provide excellent and comprehensive coverage of issues involved in the psychometric testing of students with physical disabilities:

Brian Bolton, Handbook of measurement and evaluation in rehabilitation.

K. Botterbush, Tests and measurements for vocational evaluators.

K. Botterbusch, The use of psychological tests with individuals who are severely disabled.

Dean T. Hokansen and Michael Jospe, The search for cognitive giftedness in exceptional children.

Additional resources pertinent to students with particular disabilities are identified in later sections of this chapter.

P. L. 94-142 MANDATE ON PROTECTION IN EVALUATION PROCEDURES

The regulations proposed for P.L. 94-142 and enacted for Section 504 of the Rehabilitation Act of 1973 delineate the procedural safeguards to be followed in the formal evaluation of the disabled child. (A formal evaluation must be conducted before any action is taken with respect to: 1) the initial placement or denial of placement of a handicapped child into a special education program; or (2) the transfer or denial of transfer of a child from a special education program to full-time regular class placement.) Protection of the child is achieved by adhering to the following procedures as mandated by the proposed regulations for P. L. 94-142 (Section 121a.432):*

- Tests and similar evaluation materials are provided and administered in the child's native language or mode of communication, unless it is clearly not feasible to do so. [Author's note: This implies that a form of manual communication should be used with a hearing impaired client if this is the client's preferred mode of communication.]

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* The Section 504 regulations pertaining to evaluation are similar to the P. L. 94-142 regulations. (Section 504 regulations apply to all schools that receive or benefit from federal financial assistance.)

- Tests and similar evaluation materials have been properly and professionally validated for the specific purpose for which the recipient proposes to use them.

- Tests and similar evaluation materials are recommended by their producer for the specific purpose for which the state or local educational agency proposes to use them, are administered in conformance with the instructions provided by their producer, and are administered by personnel who meet appropriate certification or licensure requirements under state law.

- Tests and similar evaluation materials *include those tailored to assess specific areas of educational need* (emphasis added) and not merely those which are designed to provide a single general intelligence quotient.

- Test selection and administration is such that, when a test is administered to a child with impaired sensory, manual or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factor the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (except where such skills are the factors which the test purports to measure).

- No one test or type of test or other means of evaluation is used as the sole criterion for placement.

- Information from sources other than ability or achievement tests, including information concerning physical condition, sociocultural background, and adaptive behavior in home and school, is gathered and considered and the weight given to each of these sources is documented.

- The interpretation of the evaluation data and the subsequent determination of the child's educational placement are made by a team or group of persons knowledgeable about the child, the meaning of the evaluation results, the placement options, and the personnel available to provide appropriate educational and related services.

- If the information derived either from ability and achievement tests or from other sources results in a showing that the child does not, because of handicap, need instruction in a special setting, the child will not be placed outside the regular instructional setting.

GUIDELINES FOR NONDISCRIMINATORY TESTING

In designing a testing program that will help, rather than discriminate against students with a physical disability, the guidelines presented in this section must be followed.

Examiner qualifications

Is the examiner qualified by experience and training to conduct a comprehensive psychoeducational diagnosis of students with one or more physical disabilities? The following competencies are crucial:

- The examiner can effectively communicate with the client. In the case of the hearing impaired student who uses manual communication, the examiner should be fluent in the particular mode of manual communication preferred by the student. (In certain instances an interpreter may be used, provided that s/he is knowledgeable about the test to be administered.)
- The examiner is aware of the potential side effects of the client's disability. Specialists in the psychometric testing of the disabled emphasize that tests given by examiners not experienced with the disabled are subject to appreciably greater error than is the case where the service is rendered by one familiar with disabled subjects. There are several reasons for this. An examiner experienced in testing clients with a specific disability is in a position to more effectively select and administer appropriate test instruments. Such an examiner is more likely to be aware of the potential impact of the disability on development.
- All psychologists who examine disabled clients should examine their own expectations of the disabled client. Unrealistic expectations of the client, be they in the direction of denying the impact of the disability or exaggerating its effects, can bias the interpretation of a client's behavior. (Bateman, 1965, p. 195).

Background material

Has pertinent background material on the subject been compiled prior to planning and conducting a program of psychological testing? A preliminary step to conducting a psychological assessment is the compilation of a comprehensive case history. Information may be derived from an interview with the student and/or parents, from school records, and from medical reports. The examiner's prior knowledge of many background factors and experiences is prerequisite to accurate assessment of an individual:

- The nature and extent of physical impairment and kinds of medication, prostheses, or special aids and devices used by the subject will influence testing. The examiner must be aware of anything that might affect test performance such as becoming easily fatigued, the type and degree of motor involvement, the degree of visual loss including such factors as having constant or variable vision, the degree of hearing loss, and the preferred modality for communication.

- The age of onset of the disabling condition may affect the extent to which the subject's social and developmental experiences are similar or dissimilar to those of his/her nondisabled peers
- Previous attendance in special classes, a residential school, or in a mainstreamed setting may have influenced the individual's social and educational development.

Accounting for disability-related limitations in selecting/administering tests

Has test selection and administration taken into account the potential limitations imposed by physical disability? To what extent does the test contain items in which visualization, manipulation of objects, receptive and expressive communication abilities, and language skills are key factors? Instances of how a physical disability may adversely affect an individual's test scores include:

- The disability may impose a "language" barrier. In the case of individuals with a severe hearing loss incurred congenitally or in early childhood, tests necessitating verbal facility will reflect the person's language deficiencies rather than the factors one intends to assess.
- The disability may interfere with the perception of the test problems or materials. Blind persons cannot see the performance test items, for example, and deaf persons cannot hear items presented orally.
- The disability may interfere with the speed with which the student can read the test or respond to items, thus making timed tests inappropriate.
- Disabled students who have little or no use of their hands may be unable to manipulate or handle the test materials.
- Disabled students may not be able to make the response required for indicating test answers. Inability to use a pencil, for example, may prevent marking responses on answer sheets, or a speech defect may preclude verbally responding. (Patterson, 1971, p. 239)
- Students with certain health and/or physical impairments are frequently placed on antispasmodic, anxiety-reducing, or anticonvulsant medication. Many such drugs have direct, noticeable effects on the central nervous system, which can easily interfere with testing and affect the results. (Schlenoff, 1974, p. 362)

Appropriate test selection and administration procedures can compensate in part for these disadvantages:

- In selecting the test(s), the examiner should match the test to the disability so that there will be minimum physical interference. For example, the verbal scales of the WISC and WAIS are considered appropriate for disabled persons with unimpaired language development but inappropriate for deaf persons with impaired language development; the WISC/WAIS performance scales provide a more accurate assessment of the deaf individual's intelligence than do the verbal scales. [Vernon (1967) has stated that a deaf individual may score at the "genius" level on a scale of performance while, because of language problems, scoring at the "retarded" level on the verbal scale of the same test.] Conversely, performance scales may have limited merit for individuals who are severely visually impaired or who have manual limitations.

- It is also essential to assess the language level of personality, vocational aptitude, and vocational interest tests. Not infrequently their reading level is such (approximately eighth grade or higher) that they are unsuitable for students, whatever their disability, who are poor readers.

Even after an appropriate test has been selected, adaptations in test format and/or test administration may be required. Examples of adaptations are:

- The use of a braille or orally presented version of a test for a blind student
- Presenting instructions for performance tests by total communication (e.g., voice plus signs/fingerspelling) rather than via voice alone for the hearing impaired
- The use of an amanuensis for a person unable to write
- The omission of certain test items which are beyond the physical capability of the student
- Modifications of time limitations to compensate for physical liabilities (e.g., even a proficient braille or large-print reader cannot read as fast as his/her sighted peer; manipulation of objects will necessarily be slower for a person with manual involvement)
- Modifications of test materials (e.g., a student with manual involvement who cannot pick up small blocks may be able to handle large ones)

The purpose of these adaptations is to equalize, insofar as possible, test conditions for nondisabled and disabled students. While such adaptations are essential for many subjects, the examiner must always bear in mind the following precepts:

- The validity and reliability of the original standardization test will be altered when the test is modified for the physically disabled student.
- In many instances, even with modifications, test conditions for the disabled are not equal to those for their nondisabled peers. For example, tests administered orally may place a blind person at a disadvantage when s/he is expected to hold accurately in mind four to five multiple choice responses while choosing among them.

Group testing, in general, is not recommended, especially in the case of the more severely physically disabled. Required adaptations of testing procedures designed to help the student compensate for a sensory impairment or motor disability are impossible in a large group situation. Results obtained from group tests consequently may not accurately reflect the disabled individual's ability. Under certain carefully prescribed circumstances the administration of achievement tests, personality inventories, or vocational aptitude and interest tests on a small group basis may be permissible. Guidelines for group testing conditions include:

- The test selected is appropriate for each subject being tested.
- The group is limited to no more than 10 subjects, all of whom require similar adaptations of testing procedures.
- The examiner is experienced in testing physically disabled subjects.
- Test format and administration procedures have been carefully chosen to be nondiscriminatory toward subjects with a physical disability.

Rapport with the subject

Has the examiner taken steps to establish rapport with the subject? Rapport between examiner and subject is basic to valid testing. The following suggestions will help the examiner to achieve this goal:

- As in any counseling situation, one should create a relaxed, nonthreatening atmosphere, for fear and tension will negatively influence test response.
- The principle that the client should be an active partner in all phases of the counseling process applies equally to psychological testing. The subject's anxiety may be reduced if s/he participates fully in formulating the goals of the assessment and the means to pursue these goals, and in interpreting the results. The examiner should consult the following publications regarding the use of this strategy with high school students:

Cecil Patterson, Testing in the counseling process. In An introduction to counseling in the school.

Donald Super, Testing and using test results in counseling. In Patterson (Ed.), The counselor in the school: Selected readings.

- The examiner should be thoroughly familiar with the mannerisms that may be associated with the student's disability and should not be adversely affected by them. For example, if the examiner has limited experience with blind subjects, mannerisms such as finger-flicking, nodding, and light-gazing may distract the examiner and affect rapport with the subject. The spasticity, drooling, or facial grimaces of a person with cerebral palsy could similarly disturb the examiner. It is the examiner's job to make the subject as comfortable and secure as possible during the test situation; this will be difficult if the examiner is anxious and unsure.

The effects of different life experiences on testing

Has test selection and interpretation taken into consideration the differences in life experience that may be imposed by physical disability? This is a crucial issue and one that may be overlooked by an examiner who is not a specialist in testing the disabled. As Bauman (1975) has stated:

> *No matter what instrument is used, the important factor in interpretation is the psychologist's understanding of the 'side effects' of blindness. These are many and complex....Typical responses on the client's part may arise from quite atypical experiences; atypical responses may seem very natural when probing discloses the background upon which they are based. Again, the most careful analysis is required, taking nothing at its surface value.* (p. 358)

According to the statistical rationale of test standardization, the closer the conformity between a subject's development and life experiences and those of the standardization population of a given test, the higher the diagnostic authenticity of the test. "It is assumed that the subjects being tested have been exposed to comparable, but not necessarily identical, acculturation" (Newland, 1963, p. 56). However, it cannot be assumed that basic life experiences of disabled testees are similar to those of non-disabled testees. Physical impairment may affect developmental experiences, both sensory/motoric and social in nature. When used with physically disabled persons, many commonly used intelligence, achievement, personality, and vocational aptitude and interest tests are more often a measure of experience than of those factors the test has been designed to assess.

The fact that developmental experiences of physically disabled persons can differ from those of persons upon whom tests have been standardized can be problematical for the examiner: s/he is in the difficult position of trying to determine whether it is actually the student or the student's environment, as impacted by the disability, which is being assessed. The following issues should be noted when selecting and interpreting various types of psychometric tests which have been standardized on nondisabled populations.

Intelligence tests: Measurement of intelligence is based upon the following assumptions: subjects to be tested have lived in similar environments; they have had similar interests; and they have had equal opportunities to explore these interests. These assumptions are simply not true for many disabled individuals. Physical impairment may restrict the ability of, and/or opportunity for, the infant and young child to move freely about and to explore the environment. This restriction limits the number and quality of experiences to which the individual is exposed. More and more evidence is accumulating that cognitive development is inextricably dependent upon and related to the extent to which an individual has been exposed to a stimulating environment in early years. If examiners err in interpreting test results for placement purposes, and err they must occasionally, they must do so on the side of exploring the possible beneficial effects of a stimulating environment in overcoming earlier experiential deprivation (Bateman, 1965, p. 195).

Another disadvantage of intelligence tests standardized on nondisabled populations is that they often require knowledge that most people acquire informally from their environment by means of vision, hearing, mobility, and use of the upper extremities. Unless a severely visually, hearing, or orthopedically impaired individual is deliberately shown or told about certain aspects of the environment, s/he is not likely to acquire knowledge about them.

Vocational aptitude and interest measures: Aside from purely "mechanical" difficulties (e.g., inability to comprehend the language used or to see and/or manipulate test items), problems that limit the use of these tests are:

- An overly restrictive school and home environment may have robbed disabled persons of the opportunity to develop their innate potential in a variety of areas. Thus youngsters who never had the opportunity to help their parents around the house or yard or to participate in shop courses or science laboratories at school cannot realistically be expected to have developed career-related mechanical or scientific skills.

- Because of impairments of vision, hearing, or mobility, disabled persons may have had limited exposure to, and thus limited awareness of, the world of work. Obviously, an individual will not be interested in an activity or occupation about which s/he knows absolutely nothing.

- Responses on interest inventories may not reflect the subject's true interests but rather what the subject believes a person with his/her disability can do.

Personality measures: Personal adjustment issues of disabled and nondisabled persons are not always comparable. Meyerson's (1963) statement regarding hearing impaired persons is certainly equally applicable to persons with other disabilities:

> *In the usual comparisons of personality or adjustment in 'matched' normally hearing and impaired hearing subjects, it may be found that the responses of the two groups were similar or different. In general, if the responses of the subjects with impaired hearing are different from the normally hearing group's responses, it is concluded that those with impaired hearing are retarded, maladjusted, or defective. If the responses of the two groups are similar, the implication is that those with impaired hearing are the same as others. Neither conclusion appears to be reasonable or helpful.* (p. 174)

Levine's (1960, p. 182) presentation of the following items from the MMPI are illustrative of the problems in interpretation that may arise:

> *My hearing is apparently as good as that of most people.*
>
> *I have no difficulty in keeping my balance in walking.*
>
> *My conduct is largely controlled by the customs of those about me.*
>
> *I am likely not to speak to people until they speak to me.*
>
> *While in trains, busses, etc., I often talk to strangers.*

Achievement tests: Assuming that care has been given to appropriate test selection and administration procedures, achievement tests may provide a reliable diagnosis of the student's current functioning in an area. They are not a reliable indication, however, of what a student could achieve in a given area with provision of instructional methods tailored to meet the student's special needs. Achievement and ability are not synonymous. The examiner should be cognizant of the fact that frequent absences from school because of illness or rehabilitation treatment, arbitrary exclusion from certain courses, or lack of appropriate instructional materials/methods may have hampered optimal growth in specific achievement areas.

Impact of age of onset and severity on experiential deprivation

Has the examiner taken into consideration the age of onset and degree of severity of disability in attempting to determine the possible extent of experiential deprivation? As a "rule of thumb" Levine's guidelines (1960, pp. 83-86) may be of assistance:*

Mild physical impairment: Many mildly disabled individuals have life experiences that are in close conformity with those of the population at large. In such cases standard clinical judgement and standardized psychological measures may be used without violating the principles of psychological examination.

Severe physical impairment acquired in late childhood or adolescence: While it is certainly true that physical impairment acquired at this time of life may generate emotional disturbance, it cannot retroactively affect or alter what has gone before in the life of the individual. Thus, for example, language deficits can be expected to be much less severe in the case of a youngster deafened at the age of 14 as compared to an individual who is congenitally deaf.

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*It is essential to view each subject as an individual rather than as a member of a classification schema. Two individuals with a similar disability (in regard to type, degree, and age of onset) may vary tremendously in the extent to which their acculturation is comparable to that of the nondisabled.

As in the case of the mildly disabled, there is generally no contraindication to the use of standardized tests with this population, assuming the following cautionary measures have been observed:

- The youngster has had an opportunity to adjust emotionally to his/her disabled state and to acquire techniques (braille, speechreading, use of prostheses, etc.) for coping with the physical impairment.

- Test selection and administration procedures are such that the impact of the disability on test conditions is minimized insofar as possible.

- The client's current condition as well as his/her past experiences are taken into consideration in the process of test interpretation. Levine notes:

> *Serious disability poses certain interpretive problems to which the psychologist must be keenly alert. When tests are standardized on representative samplings of a population, valid use of the instruments assumes a representative sampling of problems and experiences on the part of a subject at the time he is tested as well as in his past. But when a subject becomes [adventitiously] disabled, his present experiences are no longer representative of the population at large, nor are they in conformity with those of the test standardization group or, in fact, with those of his own past. The tests still can, of course, indicate points of deviation from normative response, but the examiner must carefully question whether such deviations are derived from the usual psycho-environmental and developmental determinants or from special disability factors and influences; whether they are to be interpreted as pathological signs or as transient emotional states, such as grief and mourning; whether they represent personal projections or simply a natural response to social devaluation....Tests alone cannot make these fine interpretative distinctions. This is the examiner's task. In work with the physically disabled, cogent test interpretation is among a psychologist's paramount responsibilities.* (pp. 84-85)

Severe congenital impairment: In the case of serious congenital and early childhood disabilities, it cannot be assumed that the life experiences of such subjects are comparable to those of the populations on whom the standardized tests have been normed. With this population, the use of standard clinical judgment and standardized psychological measures is seldom advisable.

As we have noted earlier, there are alternatives to the use of formal instruments. If formal instruments are to be used, the examiner must exercise extreme caution in their selection and use. Many measures are more appropriate as informal diagnostic tools than as formal measurement instruments.

Regular vs. special norms

Has the examiner established a frame of reference regarding the use of norms standardized on nondisabled populations vs. the use of norms standardized on special populations? There is no global answer to the question of using regular vs. special norms. Newland (1963) has clearly delineated various facets of this testing dilemma:

> *There is a very real question as to the extent to which the test performances of the severely orthopedically handicapped, or the sensorily handicapped, or of those with marked speech impairments ...should be depicted in terms of scores which have been obtained in the "normal" standardizations and uses of the device. If only devices standardized on a random sampling of a "normal" population are used on the exceptional... should the performances of the exceptional be stated in terms of the "normal?" If so, the exceptional stands to suffer by comparison since many of the conditions which constitute exceptionality are recognized clinically as conditions which tend to impair rather than to enhance an individual's performance. If, on the other hand, devices are standardized, for instance, on only the specific populations of the physically handicapped, there remains a problem of giving a meaningful social perspective to the performances of such persons on such devices. If, further, normally standardized devices are modified or "adapted" to the conditions of the exceptional, the meaning of the results so obtained, when compared with the norms for the original unmodified or unadapted device, becomes at best ambiguous.* (pp. 62-64)

In discussing the question of norms, Bateman (1965) poses the following series of questions:

- Is the examiner concerned with how well the disabled student functions compared to the nondisabled? If so, in what areas of behavior is this question meaningful?

- Is the examiner concerned with the assessment of manifest intelligence in contrast to potential intelligence? (See below.)

- Is the examiner concerned with how the student compares with other individuals of the same disability category? If so, how does the examiner weigh age at onset of disability, degree of impairment, previous educational experiences, home environment, etc.? (p. 193)

We concur with Newland who states that whether to use regular or special norms is not an out-and-out either/or choice; it is, rather, one of deciding which to use when. The decision of whether to use norms which have been standardized on a disabled or nondisabled population is dependent on what aspects of the disabled person's abilities or potential are being assessed. Newland (p. 78) proposes the following guidelines:

- If the purpose of testing is to assess the subject's *potential for learning*, be it in an educational or occupationally oriented setting, too rigid adherence to standardized norms may be discriminatory. Newland defines *basic* capacity as the biologically inherent learning potential of an organism. He adds that accurate assessment of the basic capacity of a severely disabled individual (especially if the disability is congenital and multiple impairments are involved) may be extremely difficult: the test performances of a very large percentage of *severely* disabled subjects tend to be clouded by conditions of emotional overlay, sensory impairment, motor involvement, and abnormal acculturation. This is especially significant in the area of mental capacity measurement because educational placement decisions are often based on test results.

- If, on the other hand, the purpose of testing is to assess the subject's level of *current* functioning, his/her manifest capacity, then the use of regular norms is justified. (Manifest capacity denotes that performance level which is immediately and most easily apparent in the test situation, the interpretation of which is unaffected by any qualitative explanations. It is the test indication of what the client did - how s/he scored according to standardized procedures of test administration.) For the disabled adolescent, precise knowledge of how one's strengths and weaknesses compare with the abilities of nondisabled persons is essential if educational-occupational planning is to be meaningful. The standards of most postsecondary educational and work settings will be those of the nondisabled world. Disabled students may be unaware of their true abilities. Their previous educational environment may have been a sheltered one, be it in a regular class where they were routinely "socially" promoted or in a special education class where standards were not as exacting as in regular class sections. For such individuals the judicious use of aptitude and achievement test normed on a regular population may be warranted.

- If the purpose of testing is to assess possible *emotional maladjustment*, measures designed specifically for persons with a particular disability should be considered. Great caution must be used in interpreting the results of personality inventories normed for a nondisabled population. A deviant answer may be indicative not of behavioral pathology on the part of the disabled subject but rather of atypical life experiences.

Criterion-referenced vs. norm-referenced testing

Has the examiner considered the use of criterion-referenced testing? For many testing purposes a criterion-referenced approach to measurement is to be preferred. Most standardized tests that are currently used are norm-referenced. A norm-referenced measure identifies an individual's performance in relation to the performance of others on the same measure. A criterion-referenced test, on the other hand, is used to identify an individual's status with respect to an established standard of performance. In a criterion-referenced approach the objective is to determine what the individual can do, not how s/he stands in comparison to others. Thus, for example, one might use a criterion-referenced test to determine whether a learner has mastered a criterion skill considered prerequisite to commencing a specific educational or occupational program (Popham & Husek, 1971, pp. 17-22).

While establishing the necessary criterion skills (an objective and how it is to be measured) can be difficult and time-consuming, this approach has great merit for assessing physically disabled students. The focus is no longer how one compares with others (be they able-bodied or physically impaired), but rather, whether one has mastered the skills needed to cope with a specific environment. Not only will this approach enable school personnel to more accurately predict the student's readiness for a particular program but, perhaps more importantly, it will serve as a diagnostic tool for determining specific skills that the student must acquire if s/he is to function as independently as possible in various social, educational, and occupational environments.

Clinical measures vs. clinical probes

Does the examiner effectively employ his/her professional judgement to use standardized tests on occasion as clinical probes rather than clinical measures? With severely disabled subjects a flexible approach to the use and interpretation of standardized tests is recommended. Instead of rigid adherence to scores and norms, test responses should be flexibly interpreted in the context of the developmental and environmental restrictions imposed by a particular disability. As Levine (1960) has pointed out:

> *The observing eye of the experienced examiner is one of his/her major diagnostic instruments. With it the examiner can spot pathognomic signs, perceive significant lines of inquiry that need to be followed, and gather a wealth of clinical details. Without it, the psychological examination becomes a purely mechanical procedure.* (p. 241)

Rather than merely seeking test scores (clinical measures), the examiner should also use the testing situation to observe the subject's behavior (clinical probe). The examiner should observe such factors as the subject's method of attacking a problem, reaction to failure, persistence in spite of incoordinate movements, desire for moral support from the examiner and the subject's use of his/her hands. Especially in the case or performance-type instruments the examiner may decide to repeat the test several times. This allows for an evaluation of learning ability, of susceptibility to fatigue, and of persistence. Most importantly, the examiner can assess adaptability - the disabled individual's ability to circumvent limitations of the disability by devising substitute methods to perform tasks (Garrett, 1966, p. 625). Examples of information that can be gleaned through observation are presented in Figure 1 at the end of this chapter.

It should be noted, however, that the clinical probe approach also has its disadvantages. Clinical observations are inherently subjective and this subjectivity may be increased when an examiner is assessing a severely disabled individual. The validity of clinical observation depends entirely on the competence of the examiner -- a competence that can be achieved only through extensive study and experience in assessing physically disabled subjects.

TESTING HEARING IMPAIRED STUDENTS

Communication disabilities may present a very significant problem in the psychological testing of the hearing impaired student. The content and the instructions for most tests are highly verbal. When used with hearing impaired persons such tests may measure language deficiencies more than they evaluate such factors as intelligence, achievement, aptitude, or personality.

Generally the extent of communication difficulties manifested by a hearing impaired individual is directly influenced by the degree of hearing loss and the age of onset of the disability. Hard of hearing people can - to varying degrees - use their hearing to communicate. Deaf persons cannot use hearing for purposes of communication, but rather must use their vision. Persons whose severe hearing loss was present at birth or before they acquired language and speech patterns are referred to as prelingually deaf; they often have problems in expressive communication (transmitting thoughts via written and spoken language) and in receptive communication (understanding the written and spoken word). Deaf persons who suffer the hearing loss after having acquired language and speech - referred to as postlingually deaf - are generally less functionally handicapped in communication than are persons who are prelingually deaf. As is obvious from this discussion, hearing impaired persons do not constitute a homogeneous population; to consider them as such for testing purposes (or for any other purposes) is erroneous.

Because an individual's performance on many types of psychometric tests is so often mediated by his/her language skills or deficiencies, it is essential that the examiner understand the negative impact that an early moderate to severe hearing loss can have on the hearing impaired person's language development. Vernon (1974, p. 191) stresses that the average language development of prelingually deaf persons generally lags far behind that of hearing persons. While the average hearing first grader has a vocabulary of from 5,000 to 26,000 words, the deaf child may start school with little or no vocabulary. Although there are exceptions, this lag generally does not become less pronounced as the child grows older. The prelingually deaf student's understanding of vocabulary and syntax is far more limited than that of his/her hearing peers. Deficiencies in language development often directly influence reading ability. This is especially true for prelingually deaf persons. Statistics on the reading level of the deaf are as follows: approximately one half of the deaf population reads between mid-third grade and mid-seventh grade levels; sixty percent of the deaf young adult population reads at or below the fifth grade level. Conceptual limitations also may be present: individuals who have been deaf since birth or early childhood may have limited ability in dealing with concepts that have no immediate and specific referents. This problem may result from language limitations, isolation, and lack of adequate stimulation during the developmental years. (Patterson & Stewart, 1971, pp. 59-60)

It is imperative that the examiner not fall into the trap of considering these speech, language, and conceptual difficulties as indicative of impaired intellect. Rather, they are indicative of an inability to acquire language through hearing. The distribution of intelligence in the deaf population is the same as that in the general population.

In selecting a test for the hearing impaired subject factors to be considered include the extent of the hearing loss and language problems, the verbal level of the test, the difficulty of the concepts involved, and the experiential and educational background of the subject. Highly verbal tests should not be used with deaf subjects except: (1) when the person does not have a language disability; or (2) when the purpose of the test is to assess achievement in language and reading. Vernon (1974) suggests that while the needs of each subject must be determined on an individual basis, the following selection guidelines may be considered:

- If the hearing loss is less than 15 decibels, in the speech range, give the same test(s) as those given to the hearing; in group testing, seat at the front of room near the examiner.
- If the hearing loss is 75 decibels or more in the speech range, subject should be evaluated using procedures devised for students who are deaf or who have profound hearing loss.
- The middle group with loss between 20 and 70 decibels is the hardest to define. Some hard-of-hearing subjects may not wish to reveal to others the extent of their communication difficulties. They may give the impression of being able to understand verbal tests, but this is often an artifact. Thus it is essential to begin with a performance measure and then, if desired, to try a verbal instrument.

A large difference between verbal and nonverbal scores in the presence of a loss of 25 decibels or more suggests that the hearing loss has a significant effect on the client's communication skills and that s/he should be evaluated on the basis of performance on psychological test procedures designed for those with profound hearing loss.

- If the loss occurred after three and one half years of age, or if scores on psychological evaluations for the profoundly deaf are exceptionally high, regular evaluations such as those for "normal" subjects should also be given. (pp. 193-195)

The following recommendations apply to test administration:

- The examiner must use the mode of communication preferred by the subject, be it a particular type of manual communication, pantomiming, speechreading, or writing.
- Use of an interpreter is seldom an effective substitute for the examiner's fluency in manual communication (especially in the case of intelligence and projective-type personality measures). Vernon (1974) has stated:

  > *The use of interpreters who express the psychologist's directions in fingerspelling and sign language is a questionable procedure. What is required is an interpreter, fluent not only in manual communication, but also in psychology and testing. Obviously such an individual would be doing the examining himself and not interpreting it for another.* (p. 197)

- Several practice items should be given to assure understanding of the testing procedure.
- Administer easiest or less involved tests first so that anxiety is minimized. If both performance and verbal tests are to be given, it is advisable to give the performance tasks first as they may produce less anxiety.
- Test in small blocks of time rather than in concentrated periods. This procedures helps to alleviate the strain and fatigue that may occur as the subject endeavors to cope with a variety of communication difficulties during the testing process.
- Administer tests individually rather than in groups. Small groups (no more than ten) with similar disabilities and similar preferred modes of communication may be appropriate.
- The room should be as quiet and well-lit as possible.
- The examiner should be facing the subject so that the lips or hands are not shadowed. Over half the sounds in the English language are not visible on the lips, or if they are, appear identical to other sounds; so it must not be assumed that the lipreader can see or understand everything.

There are various psychometric tests available that may be used, with discretion, with severely hearing impaired subjects. Some have been normed on hearing impaired populations and have been designed to be nondiscriminatory to persons with language difficulties. Figure 2 (at the end of this chapter) lists some tests commonly used with hearing impaired persons. The listing is by no means exhaustive; rather, it identifies certain of those tests which, in the opinion of experts in psychometric testing of the hearing impaired, may be appropriate. We recommend the following materials for additional information on appropriate test selection, administration and interpretation:

Edna S. Levine, Mental assessment of the deaf child. In Volta Review.

Edna S. Levine, The psychology of deafness: Techniques of appraisal in rehabilitation.

McCay Vernon, Deaf and hard of hearing. In Wisland, Psychoeducational diagnosis of exceptional children.

TESTING VISUALLY IMPAIRED STUDENTS

Among the variables the examiner must consider in testing students who are blind and partially sighted are the nature of the visual impairment, the psychosocial correlates of the visual loss, the appropriate medium in which to administer the test, and adjustments in administration procedures.

Nature of the visual impairment

An ophthalmological history will be necessary for ascertaining factors bearing upon the selection, administration and interpretation of tests. The examiner must be aware of the age of onset of the visual impairment, for an impairment present at birth or occurring early in life may have affected the range and quality of life experiences to which the visually impaired person has been exposed. In addition, as Bauman (1975, p. 335) has pointed out, the person who has been without useful vision from birth may lack certain concepts that cannot be mediated through other sense modalities. Conversely, adventitiously blinded people are often helped by the memory of experience with space, form, and other concepts. These memories may facilitate orientation in a work space and manipulation of objects.

Other factors to consider in the ophthalmological report are the severity, cause of the visual impairment, present visual acuity, prognosis and possibility of visual improvement. Since more than half of those who are legally blind retain vision which can be used under certain circumstances, the examiner must also obtain information about the efficiency with which the client can use residual vision, the best lighting for its effective use, and whether it is constant or variable (Bauman, 1975, p. 335).

The necessity of the examiner's understanding how the visual impairment affects the person's functioning cannot be overemphasized. Merely knowing that a subject falls into a "blind", "partially sighted", or other category is meaningless. A partially sighted person may have difficulty with figure/ground perception. Spatial perception may elude a person with something as subtle as limited peripheral vision. If a subject has little useful vision, the performance scale of intelligence tests designed for sighted persons will measure visual impairment rather than intellectual functioning.

Bauman (1974) suggests the following guidelines for test selection and administration procedures based on the extent of visual loss. She describes visually impaired subjects as follows:

- Those whose vision is of no practical use in a test or work situation.

- Those with vision of some use in handling large objects, locating test pieces in a work space, or following hand movements of the examiner, but who are unable to read enlarged ink print very effectively, are slow in reading, and may tire quickly. These people can use a combination of touch and vision and work with formboards and other concrete tasks, but tasks involving the reading of ink print will be difficult.

- Those who can read ink print efficiently though they may need large type, have to hold the page very close to their eyes, or use a magnifier or special visual aid. (p. 160)

Selecting the appropriate medium in which to administer the test

Modifications in test format will often be required for paper and pencil type tests administered to visually impaired subjects. Many tests are available in braille, large type or taped versions. To determine whether a specific test is available in any of these media, one can contact the American Printing House for the Blind (APHB) or consult its catalogs, which list all tests available from that organization. Information about tests available elsewhere can be obtained from the Central Catalog, also produced by the APHB. (See National Resource Section.)

The student is frequently the best resource for determining what medium should be used. Not all blind persons are proficient braille readers (braille is a difficult medium and many visually impaired persons do not use it effectively, especially if they were blinded adventitiously). Depending on educational background, visual acuity, and use of low vision aids, a partially sighted individual may prefer braille, large type or regular ink print.

Using tapes or orally reading the material is an alternative to the written word. Bauman recommends that subjects decide for themselves whether they wish to read the test material or prefer to have someone read the test to them. If the subject desires to read for him/herself, the examiner should have the subject read aloud to verify his/her ability to read efficiently in the medium selected. However there are certain problems inherent in oral or taped presentation. Scores may be inflated because: 1) the reading task is eliminated; and 2) time limits cannot be used and therefore the client can do the entire test. Thus standard scores or percentiles cannot be used. Oral/taped administration can also place the subject at a disadvantage, when s/he is expected to keep in mind a number of multiple choice alternatives while at the same time choosing among them.

Adjustments in test administration

Guidelines to be followed in setting up the testing room and administering the test are:

- Lighting must be of sufficient intensity, but glare should be eliminated.
- Avoid flickering lights.
- If the subject is light sensitive, the room should be arranged so light is provided from the side of the more efficient eye.
- The subject can determine how far to be from the test materials and whether s/he needs low vision aids.

- As with all subjects, visual or auditory distractions in the testing room should be eliminated.
- Test in short blocks of time rather than in concentrated periods. The visually impaired subject may become more readily fatigued than his/her sighted counterpart.
- Tension can cause the visually impaired person to loose visual efficiency. This is especially true of those with nystagmus (lateral or vertical rapid eye movements) or limited field of vision. Thus, rapport with the subject is essential for alleviating anxiety that would precipitate further vision difficulties.
- Adjustments of time limits may be required when using tests standardized on a sighted population. Even the **most** efficient visually impaired reader seldom can achieve the reading speed of his/her sighted counterparts. This applies to reading any media, be it braille, large print or regular ink print read with the assistance of low vision aids.
- Visually impaired persons should be tested on an individual or small group basis (i.e., a group of preferably no more than ten subjects). Even if the subject is taking the same test as his/her sighted peers, adjustments in time limits are almost always required and this makes it inadvisable to administer a test to a visually impaired person in a large-group situation.
- The examiner should tell the person with little or no useful vision all the information about the test and testing situation that a sighted person would pick up visually. Of course, there is a difference between what is adequate descriptive information of materials and what are clues to solving tasks on the test.
- In performance-type tasks the examiner should describe the objects being used, let the subject touch them, and guide the subject's hands if s/he is hesitant.

Figure 3 presents a number of tests which the examiner may consider using with visually impaired students. For further information on these and other tests, consult the following materials:

Assessment of the blind. Special October 1975 issue of New Outlook for the Blind.

Mary K. Bauman, Psychological and educational assessment. In Lowenfeld, The visually handicapped child in school.

Education of the Visually Handicapped. October 1975 issue on psychoeducational assessment.

Geraldine Scholl & Ronald Schnur, Measures of psychological, vocational, and educational functioning in the blind and visually handicapped.

TESTING STUDENTS WITH NEUROMOTOR/ORTHOPEDIC IMPAIRMENTS OR CHRONIC HEALTH PROBLEMS

Discussed in this section are factors related to the testing of students who have physical disabilities or chronic health problems such as cerebral palsy, amputations, spinal cord injuries, muscular dystrophy, epilepsy, and diabetes. Obviously, the need for special testing considerations will vary considerably both among persons with the same type of disability/health problem and among persons with different disabilities/ health problems. Some persons will require no modifications; the testing of other persons will be an extremely complex task. The extent to which testing will have to be modified (if at all) is contingent upon the interrelationships of the following factors: age of onset, severity, and nature of the physical limitations(s); the extent to which the individual has been exposed to those life experiences addressed in the test content; the degree to which rehabilitation procedures have enabled the individual to compensate for physical limitations; and the effects of medication.

When the subject's use of the hands or ability to speak is impaired, test selection, administration, and interpretation will require special consideration. At the outset, the examiner should select the most appropriate test(s) which can be administered with the least modification. For example, if the subject has impaired manual ability, a performance type intelligence test obviously will not reveal the student's mental abilities: slowness or inability to perform manual tasks will mask the presence of those abilities (e.g., visual reasoning) actually underlying the task demands. When necessary, modifications on test administration may be made by allowing the subject to use an alternative mode of response (e.g., the subject with limited ability to write or to vocalize may point to the proper answer). Test content may be altered to omit those subtests or test items which are beyond the student's physical capacity. The examiner must, however, recognize that the normative data applicable to the standard administration of the test is not applicable when any aspect of the test procedure or content has been modified. All modifications must be noted in the test report.

If the subject has a physical disability or health problem that was present at birth or occurred early in life, it is necessary for the examiner to ascertain whether the subject's life experiences were in any way restricted. If the subject had limited opportunities to interact with the environment while growing up (which may be a function of overprotective parents, long periods of hospitalization, or limited motor abilities), the examiner will have to judiciously select the tests to be used. As Hokansen and Jospe (1976, p. 24) point out, tests "which present social situations or objects with which the child has not had an opportunity to interact, experience, or learn about, may give an incorrect measure as a cognitive indicator." Experiential deprivation is a factor to be considered in testing all students.

The examiner must also determine whether the student's health condition or any medication s/he is taking will interfere with testing. For example, certain medications, such as those taken by persons with epilepsy, may produce fatigue; the student with diabetes may be more alert at a certain time of the day than at other times; the student with a cardiac condition may fatigue quickly under conditions of sustained effort. Consultation with the student, parents, and, if necessary, the physician may be necessary to ascertain the optimal conditions for testing a particular student.

The following suggestions are illustrative of the types of adaptations that may be required for students with neuromuscular/orthopedic disabilities or other health conditions. They are by no means an exhaustive list of possible adjustments - examiners may need to use all their ingenuity to devise testing procedures tailored to the special requirements of a subject with severe (or multiple) impairments.

- Adjustments in time limits may be warranted. When regular time limits are imposed, subjects with severe speech defects (on oral tests) or impairments of the upper extremities (on written or performance tasks) will be at a disadvantage due to their often slow and laborious performance.

- Adjustments in the manner of recording answers may be required on written tests. In some instances a subject may have no use of either hand. In other cases a subject may have some use of one hand but may have difficulty in marking the answer space correctly. This is especially true for machine scored tests where precision in marking the proper space is absolutely essential. Possible solutions include:

- Use of an amanuesis to record answers
- Specially designed answer sheet (e.g., larger than normal response spaces to accommodate persons with poor writing skills)

Adjustments in time limits may also be required. Whatever system is used will almost inevitably involve more time than that required by a nondisabled subject.

- Adjustments that may be needed by subjects with impairments of the upper or lower extremities include:
    - A lapboard which fits over a wheelchair will facilitate work which requires near-point vision or manipulation of objects by hand.
    - Large objects on performance tasks can be substituted for small objects or a matchstick or similar object can be glued to the object to make it easier to pick up.
    - The subject can sometimes tell the examiner how to proceed instead of drawing or manipulating an object him/herself. This procedure should be used with caution, however, since it may test the subject's descriptive ability more than the task to be assessed.
- Possible adaptations of orally-administered tests for subjects with normal hearing but no usable speech include:
    - Response by blinking, pointing, grunting, or head shaking can at times be substituted for the spoken word.
    - A response can be pantomimed if the content of the answer is quite clear.
    - Some test items can be modified to a multiple choice form. The subject can then respond by pointing or otherwise indicating the correct answer. Tests involving arithmetic problems, general information questions and naming objects from memory can frequently be administered in this manner.
- Certain subjects with neurological impairments may have a high level of distractibility. Environmental changes that can help ameliorate this problem include:
    - Lower levels of illumination
    - Short periods of test administration to allow for fatigue
    - The wearing of earphones to muffle sounds while testing for memory and attention

- The removal from the testing site of pictures and colorful stimuli that may interfere with the subject's attention. (Cruickshank, Hallahan, & Bice, 1976, pp. 97-99.)

The psychometric testing of some disabled students, particularly those with cerebral palsy, neurological impairments, perceptual deficits, or multiple disabilities must be conducted by an examiner highly experienced in testing persons with the particular disabling condition(s). Most high school counselors do not have such expertise. Nevertheless, counselors should be familiar with the issues involved in testing these students, since counselors will most likely consider test results when assisting the student to make educational and career plans.

Some of the tests which are commonly used with cerebral palsied persons (and persons with speech and upper extremity motor involvement stemming from other disabilities) are identified in Figure 4. We recommend that the counselor consult the following materials for further information:

Sam D. Clements & Tom J. Hicks, Physically and neurologically impaired. In Wisland, Psychoeducational diagnosis of exceptional children.

William M. Cruickshank, Daniel P. Hallahan, with Harry V. Bice, The evaluation of intelligence (Chapter 4), and Personality and behavior characteristics (Chapter 5). In Cruickshank, Cerebral palsy: A developmental disability.

Phillip M. Rennick, Psychosocial evaluation of individuals with epilepsy. In Wright, Epilepsy rehabilitation.

FIGURE 1

OBSERVATIONS DURING TESTING*

General

Health and Physical Condition: Does the subject's physical appearance suggest health, debility, illness? Does he have or appear to have other physical or sensorial disabilities? Is medical referral in order on the basis of observed details? What are the likely educational, vocational, and psychological implications?

Motor Behavior: Is there evidence of impaired motor coordination and/or control? Is motor activity hyperactive or underactive; random or purposeful; listless or positive? Are any bizarre manifestations present, such as posturing, automatic movements or mannerisms, excessive yawning, gulping, catching of breath? Are there tics, twitching, spastic or athetoid movements, postural deviations? What are the neurologic and psychiatric implications of the observed motor behavior? Is neuropsychiatric referral in order?

Mood: Does the subject give the impression of interest, eagerness, self-assurance, nervousness, irritability, apathy, indifference? Is he friendly, bored, hostile? Is he actively cooperative, passively accepting, withdrawn?

Dependence: Has the subject come alone, with his mother, or with another companion? Is he content to sit back and let his companion speak for him? Is there evidence of hostility toward the companion, irritability with the dependent role, willing compliance, indifference? What are the psychological and vocational implications?

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[*] From Edna Simon Levine. The psychology of deafness. New York: Columbia University Press, 1960, pp. 241-244. Reprinted by permission of the publisher.

FIGURE 1--*Continued*

Psychological

During the Administration of Test Instructions: Does the subject concentrate on understanding the directions; look pleasantly at the examiner, but make no observable effort to understand; plunge into the test before instructions are completed; habitually stop to ask questions about procedure after having begun the test; appear reluctant to begin unless specifically encouraged by the examiner?

During Test Performance: Does the subject plan his approach before beginning; plan during the course of operations; employ pure trial-and-error procedures; look to the examiner's facial expression for hints and clues and encouragement? What are the subject's span of attention; distractibility; use of systematic procedure; tempo of operations; manual dexterity and motor skills? What are his needs for encouragement and praise; initiative and independence; ability to profit from mistakes; meticulousness of work habits?

Management of Difficulties: When difficulties arise, does the subject concentrate on overcoming them himself and resent the offer of help; show immediate discouragement and refuse to go on with the task; expect to be helped; welcome sufficient help to get him over the difficulty so that he can proceed on his own; use difficulties as an attention-getting device?

Evaluation of Test Performance: Does the subject notice errors as he goes along and correct them before he proceeds further; is he aware of errors only when a major difficulty arises; does he check his work before stating that he is finished or is his aim rather to complete a task and get it over with? Does the subject show, express, or look for approval, or disapproval with his performance?

Reactions at the Conclusion of Test: Is the subject eager to know how he did; indifferent; discouraged? Does he ask for the correct answers to certain questions that have given him difficulty? Does he express interest in more testing; indifference; objection? Is he anxious to depart or does he offer to stay and help the examiner put the test materials in order? Does he appear exhilarated; his usual self; fatigued?

FIGURE 2

TESTS USED WITH HEARING IMPAIRED STUDENTS*

INTELLIGENCE TESTS AND DEVELOPMENTAL SCALES

The Chicago Non-Verbal Test Ages 6-Adult Psychological Corporation	Suitable for children or adults who are deaf or have reading or language difficulty. Verbal directions can be used for age 6 to adult; pantomimed directions from 8 to adult. Norms specifically designed for language handicapped. Useful as a screening test. 25 minutes.
Hiskey-Nebraska Test of Learning Aptitude, Revised Marshall S. Hiskey	Deaf and hearing norms up to age 17-5. Correlates well with Stanford-Binet (Form L-M), WISC, Stanford Achievement, Metropolitan Achievement, and Gates Reading Test. 50 minutes. Instructions in both oral and pantomime forms. Appropriate subtests (ages 11-17) are Visual Attention Span, Block Patterns, Completion of Drawings, Memory for Digits, Puzzle Blocks, Picture Analogies, Spatial Reasoning.
Leiter International Performance Scale Tray 3, Ages 14-18 Stoelting Company	Yields lower IQ scores than some others because mean is 95 and S.D. is 20. Directions can be pantomimed. Consists of 68 nonlanguage tasks.
Progressive Matrices (Raven Advanced Progressive Matrices) Set 2, Ages 11 and over Psychological Corporation	Useful second test to substantiate a more comprehensive intelligence score such as the WISC or WAIS. Of possible use to assess concept formation and possible perceptual disturbances. Correlates well with Chicago Non-Verbal Test and Wechsler Scales. 40 minutes.
Wechsler Adult Intelligence Scale (WAIS) Revision of Form I of Wechsler-Bellevue Intelligence Scale Ages 16 and over Wechsler Intelligence Scale for Children (WISC) Form R, Ages 5 -15 Psychological Corporation	Performance Scale is considered one of the most accurate instruments for assessing intelligence of deaf students. Performance Scale includes Picture Completion, Picture Arrangement, Block Design, Object Assembly, Coding or Mazes. If the Verbal Scale is also to be used, those tests most appropriate are Information, Comprehension, Arithmetic/Reasoning, Similarities. A verbal IQ score of 85-95 represents good average.

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* Test publisher addresses are listed in Appendix 1.

FIGURE 2 -- *Continued*

ACHIEVEMENT TESTS

Metropolitan Achievement Tests Advanced (Grades 7-9.5) High School (Grades 9-13) Harcourt Brace Jovanovich Inc.	Norms for both hearing and deaf. Subtests are Word Knowledge, Word Analysis, Reading, Spelling, Mathematics Concepts, Mathematical Computation, Mathematical Problem Solving, Science, and Social Studies.
Stanford Achievement Tests Harcourt Brace Jovanovich Inc. Special Edition for Hearing Impaired Students Office of Demographic Studies/ Gallaudet College	Measures academic achievement and level at which student is working. Special Edition has age-based national norms for hearing impaired students. Subtests are Vocabulary, Reading Comprehension, Mathematics Concepts, Mathematics Computation, Mathematics Applications, Spelling, Language, Social Science, Science. Entire test requires approximately 4 hours, 20 minutes total.
Wide Range Achievement Tests (WRAT) Revised Edition, Level 2, Ages 12 and over Psychological Corporation	Verbal form available for those for whom regular test is too difficult. Tests spelling, arithmetic, and reading. 20-30 minutes.

GENERAL APTITUDE TESTS

Flanagan Aptitude Classification Tests (FACTS) Grades 9-12 and Adults Science Research Associates	Considered a successful predictor of vocational success if administered individually. Measures Verbal Reasoning, Numerical Ability, Abstract Reasoning, Space Relations, Mechnical Reasoning, Language Usage, and Clerical Aptitude.
General Aptitude Test Battery Grades 9-12, Adults Revision for Hearing Impaired U. S. Employment Service and Rehabilitation Services Administration	Used for vocational counseling. Generally administered by State Divisions of Employment Security but may be given in schools by an approved examiner. Research indicates that deaf students given modified GATB scored near or above the general population's mean on all GATB aptitudes except General, Verbal, and Numerical. Cautious interpretation necessary for the 62 OAPs (Occupational Aptitude Patterns -- combinations of three GATB

FIGURE 2 -- *Continued*

General Aptitude Test Battery *(continued)*	aptitudes) covering over 1200 occupations. Passing a specific set of OAP norms with the nonreading General Ability does not necessarily indicate that an individual has the literacy needed for a particular job. Reading achievement tests should also be given.
Minnesota Clerical Test Grade 7-Adult Psychological Corporation	Evaluates speed and accuracy in perceiving details. Number comparison and name comparison. 15 minutes.
Nonreading Aptitude Test Battery Grades 9-12, Adults U. S. Employment Service	Nonreading adaptation of GATB. Normed on nondisabled.
Scholastic Aptitude Test College Entrance Examination Board College Board Admissions Testing Program for Handicapped Students	Highly verbal and may not be an accurate reflection of the student's potential; best used with superior students. Required by most colleges as an admissions screen. Can be administered with flexible time limits if special registration card is used. Verbal and Numerical Aptitude. Total 6 hours.
SRA Clerical Aptitude Test High School and Adult levels Science Research Associates	Measures Office Vocabulary, Arithmetic, Office Checking.
MECHANICAL APTITUDE TESTS	
Differential Aptitude Tests, Mechanical Reasoning, Form A Grades 8-12 Psychological Corporation	Assesses understanding of mechanical and physical principles in familiar situations.
Minnesota Mechanical Assembly Test Grade 11+ C. H. Stoelting Company	Measures ability to perform tasks requiring mechanical reasoning and information.

FIGURE 2 -- *Continued*

MANUAL DEXTERITY TESTS

Crawford Small Parts Dexterity Test Psychological Corporation	Tests fine eye-hand coordination.
Differential Aptitude Test, Space Relations Grade 8-Adults Psychological Corporation	Assesses mental manipulation of three-dimensional structures. 30 minutes.
Minnesota Rate of Manipulation (1969 Edition) American Guidance Service Inc.	Normed on employed and unemployed young and older adults. Tests finger and hand manipulation. Subtests are Placing, Turning, Displacing, One-Hand Turning and Placing, Two-Hand Turning and Placing. 10 minutes or less per test.
Purdue Pegboard Grades 9-16, Adults Science Research Associates	Tests finger and hand manipulation.
Revised Minnesota Paper Form Board Test Grade 7-Adult Psychological Corporation	Related to both art and mechanical abilities. Tests spatial relations and mental manipulation of geometric forms. 20 minutes.

INTEREST INVENTORIES

Kuder Occupational Interest Survey, Form D Science Research Associates	Considered too highly verbal for many deaf students. Subject should have at least 6th grade reading ability.
Strong Campbell Interest Inventory (Revision of Strong Vocational Interest Blank) Psychological Corporation	Considered too highly verbal for many deaf students. At least 6th grade reading ability is necessary. Concerns six occupational classifications: Realistic, Investigative, Artistic, Social, Enterprising, Conventional.

FIGURE 2 -- *Continued*

DIAGNOSTIC AND PERSONALITY TESTS

Bender Gestalt Test Grune and Stratton Inc.	A geometric design copying test. The quality of the subject's reproduction leads to diagnostic interpretation of clinical conditions and pathologies. Evaluates perceptual-motor functioning, neurological impairment, expressive styles, and maladjustment. Interpretation requires extensive training and experience.
Goodenough-Harris Drawing Test Ages 3-15 Harcourt Brace Jovanovich Inc.	Useful supplement to test battery to furnish information regarding emotional adjustment. Involves the simple task of drawing a man. Directions can be pantomimed.
House-Tree-Person (H-T-P) Western Psychological Services	Requires little verbal communication. Scoring provision is made for verbal and nonverbal response and for qualitative and quantitative interpretation. Person, house, and tree are drawn.
Machover Draw-A-Person Test Ages 9-Adult Charles C. Thomas	Relatively nonverbal. A practical screening device for detecting severe emotional problems in deaf children. Interpretation is very subjective.
Minnesota Multiphasic Personality Inventory (MMPI) Psychological Corporation	Assumes examinee's ability to read at third or fourth grade level. Certain items inappropriate to life experiences of deaf person. Norms for adult deaf. A diagnostic instrument based on clinical criteria. Best used with older adolescents and adults. Untimed.
Rorschach Grune & Stratton Inc.	Ambiguous stimuli may make task difficult for some deaf subjects. Should be used only if subject and examiner are highly fluent in manual communication or if subject is highly proficient verbally. Best used with adults. Monroe Inspection Technique often used for scoring -- i.e., asking only for location data to reduce amount of language needed.

FIGURE 2 -- *Continued*

Rotter Incomplete Sentences Blank Psychological Corporation	At least 5th grade reading level required. Some complex vocabulary. Norms for groups of adult deaf. Scores classified in three categories: conflict or unhealthy responses, neutral responses, positive or healthy responses.
Sixteen Personality Factor Questionnaire Ages 16 and over Institute for Personality and Ability Testing	Designed for use with people of limited educational and cultural background. Appropriate for deaf persons with good verbal ability. Assesses 16 relatively independent dimensions of personality.
Thematic Apperception Test (TAT) Psychological Corporation	Should be used only if subject has excellent English language skills or if both subject and examiner are fluent in manual communication.
Vineland Social Maturity Scale, Revised Infant-Adult Psychological Corporation	Parent or someone close to the subject indicates maturity and social adjustment in three categories: self-help (basic toilet needs, feeding and dressing oneself); self-direction (supervising oneself and managing alone); self-support (being able to provide for oneself and one's family and contributing positively to the community). Though test looks simple, examiner must be experienced.

FIGURE 3

TESTS USED WITH BLIND AND PARTIALLY SIGHTED STUDENTS*

INTELLIGENCE AND DEVELOPMENT

Haptic Intelligence Scale for the Adult Blind Ages 16 and over Psychology Research	Normed on persons without useful vision, 16 and over. Depends entirely on tactile skills. The six subtests are similar to WAIS performance subtests. Bead Arithmetic subtest is invalid if subject can use abacus. WAIS verbal score equally good predictor of academic success for blind persons; for partially sighted, WAIS considered better.
Non-Language Learning Test Children-Adult Nevil Interagency Referral Service	Bauman's adaptation of the Dearborn Formboard. Considered good clinical instrument for evaluating performance learning potential (measure of problem-solving and degree of learning improvement from trial-to-trial). Norms start at age 16, but test is useful on an informal basis at much lower age levels. Board has four kinds of holes; blocks of different shapes are arranged so the subject has to make certain moves to get the blocks into the board.
Stanford-Kohs Block Design Intelligence Test for the Blind Western Psychological Services	Normed on blind and partially sighted, ages 16 and over. Task is copying 20 patterns of increasing difficulty, using blocks with two kinds of surface -- smooth (white) and rough (black). Score based on speed and accuracy. Test can be lengthy and tiring. Not a complete measure of performance ability; depends on subject's ability to distinguish and copy patterns. Challenging for subjects and allows examiner excellent opportunity for observing subject's approach to task.
Wechsler Intelligence Scales for Children (WISC), Form R (ages 5 to 15) Wechsler Adult Intelligence Scale (WAIS), Ages 16 plus Psychological Corporation	Verbal scale widely used with blind and partially sighted; verbal IQ a good predictor of school progress for visually impaired. If subject has some useful vision, performance subtests could be used; however, low Performance IQ may be a function of lack of vision rather

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* Test publisher addresses are listed in Appendix 1.

FIGURE 3 -- *Continued*

Wechsler *(continued)*	than lack of mental ability. Block Design and Object Assembly possible supplements to Verbal. Performance score higher than Verbal is indicative of more effective potential with concrete materials than with verbal (ideas). Arithmetic Score may be low because math not easily translatable into braille. Low comprehension may result from experiential deprivation. Comprehension items may need rephrasing to be appropriate; e.g., "What should you do if you saw a train...?" Form R yields lower scores than older form; some specialists suggest using older form.
ACHIEVEMENT TESTS	
American College Testing Program (ACT) American College Testing Program	Available in braille, large type and cassette. Used for college admissions. Scores in English usage, mathematics usage, social studies reading, natural science reading, as well as composite score.
CEEB Achievement Tests College Board Admissions Testing Program for Handicapped Students	Visually handicapped may work at own speed but not more than six hours in one day; may use a reader or amanuensis. Tests in regular-size type. Available tests are: American History, Biology, Chemistry, English Composition, European History, French (reading), German (reading), Russian (reading), Spanish (reading), Hebrew, Latin, Physics, Math Level I, Math Level II.
Diagnostic Reading Tests Grades 7-13 American Printing House for the Blind	Available in braille. Measures rate of reading, story comprehension, vocabulary, comprehension.
Iowa Tests of Basic Skills, Form 3, Level F. Grades 8-9 Form 4, Grades 3-9 Iowa Tests of Educational Development Grades 9-12 American Printing House for the Blind	Available in large type and braille.

FIGURE 3 -- *Continued*

Metropolitan Achievement Tests Form AM, H. S. Battery Form F (Advanced) Grades 7-9 American Printing House for the Blind	Available in large type. Can be read to blind subjects. Subtests are Word Knowledge, Word Analysis, Reading, Spelling, Mathematics Concepts, Mathematical Computation, Mathematical Problem Solving, Science, Social Studies.
Stanford Achievement Tests Forms X and W American Printing House for the Blind	Available in braille and large type. Tests include Vocabulary, English Usage, Arithmetic Skills, Social Studies, Science. Power tests to be administered without time limits. Administration time longer than for regular print version.
Sequential Tests of Educational Progress (STEP) Form 2B, Grades 10-12 Form 3B, Grades 7-9 American Printing House for the Blind	Available in braille and large type. Tests are Reading, Writing, Mathematics, Science, Social Studies, and Listening.
Wide Range Achievement Tets (WRAT) K-Adult American Printing House for the Blind	Available in large type. May be read aloud. Tests spelling, arithmetic, and reading. 20-30 minutes.

GENERAL APTITUDE TESTS

Differential Aptitude Tests (DAT) Blind Center, Inc.	Available in braille. Tests of verbal reasoning, numerical ability, mechanical reasoning, abstract reasoning, space relations, clerical speed and accuracy, spelling, language usage. Total test takes three hours, but subtests are timed separately.
Scholastic Aptitude Tests ATP for Handicapped Students College Entrance Examination Board	Taken for college entrance. Special registration form for untimed tests. Can be administered in braille, large type, or orally. Answers may be typed. Test must be administered by an approved person and scored by the CEEB. Flexible time limits may inflate scores.

FIGURE 3 -- *Continued*

School and College Ability Tests (SCAT) American Printing House for the Blind	Available in braille and large type.

VOCATIONAL APTITUDE TESTS

Lighthouse Clerical Aptitude Test Battery New York Association for the Blind	Measures potential in transcription typing.
Programmer Aptitude Battery Science Research Associates	Aptitudes relative to computer programming. Tests verbal meaning, reasoning, letter series, number ability, diagramming.
Seashore Musical Talent Test Grades 4-16, Adults Psychological Corporation	Scores on pitch, loudness, rhythm, tone, timbre, tonal memory. Ten minutes per test.

MANUAL DEXTERITY TESTS

Crawford Small Parts Dexterity Tests Psychological Corporation	Norms for blind and partially sighted. Performance test for measuring fine eye-hand coordination or its tactual analogue.
Minnesota Rate of Manipulation, 1969 Edition Educational Testing Bureau	Special directions for administering to the blind. Norms available for the blind. Involves finger, hand, and arm movement. Subtests are Placing Turning, Displacing, One- and Two-Hand Placing and Turning.
Pennsylvania Bi-Manual Work Sample Age 16-Adult Educational Testing Bureau	Norms available for blind and partially sighted. Work combines: finger dexterity of both hands, whole movement of both arms, eye-hand coordination, bimanual coordination. 12 minutes.

FIGURE 3 -- *Continued*

PERSONALITY & SOCIAL FUNCTIONING TESTS

Adolescent Emotional Factors Inventory Nevil Interagency Referral Service	Specifically designed for, and normed on blind young people. Items are based on behaviors culled from experiences described by visually impaired people. Some items relate specifically to problems resulting from lack of vision. Should be administered in large print or recorded form to allow for privacy. Subscales are Sensitivity, Somatic Symptoms, Social Competency, Attitudes of Distrust, Family Adjustment, Boy-Girl Adjustment, School Adjustment, Morale, Attitudes toward Blindness, and Validation.
Auditory Apperception Test Western Psychological Services	Consists of 10 sets of recorded sound situations including dialogue, nature sounds, emotional, mechanical, or animal sounds. Subject describes the cause, what is happening, and the result.
Auditory Projective Test American Foundation for the Blind	Tape-recorded dialogue and sound effects of scenes paralleling the Thematic Apperception Test pictures.
Overbrook Social Competency Scale 6-Adult Nevil Interagency Referral	Useful measure for social competency. Administered by an interview (usually with the parents). Tentative norms on visually impaired. Provides information on independence in daily living, interpersonal skills, mobility, group participation, and leadership.
Rohde-Hildreth Sentence Completion Test (Lighthouse Revision) New York Association for the Blind	Sentence completion projective test suitable for visually handicapped persons.
Rotter Incomplete Sentences Blank Psychological Corporation	Examiner reads sentence stems and examinee is asked to complete them with expressions of his/her feelings. Scoring system is objective and examiner need not be a trained clinician.

FIGURE 3 -- *Continued*

VOCATIONAL INTEREST TESTS	
Kuder Preference Record Science Research Associates	Frequently used with visually impaired persons. May be given orally, in braille, or by tape recording. Braille answer sheets available from Howe Press, Perkins School for the Blind.
PRG Interest Inventory for the Blind Nevil Interagency Referral Service	Developed by Bauman to overcome subject's tendency to answer based on what s/he can or cannot do, rather than on his/her true interests. Inventory is based on jobs done, and hobbies chosen by blind people. Administered orally or by tape recording.
Strong Vocational Interest Blank Consulting Psychologists Press	May be read aloud or taped. Best used with subjects considering professional or semi-professional careers.

FIGURE 4

TESTS USED WITH CEREBRAL PALSIED STUDENTS*

INTELLIGENCE

Ammons Full Range Picture Vocabulary Test (Also Quick Test -- a shortened version) Age 2 and over Psychological Test Specialists	Useful for persons with speech/motor problems. Subject indicates which figure best fits the word that is read. Response can be by blinking, pointing, head shaking, etc.
Leiter International Performance Scale Tray 3, Ages 14-18 Stoelting Company	Consists of 68 non-language tasks. Yields lower IQ scores than some others because mean is 95, S.D. is 20.
Peabody Picture Vocabulary Test (PPVT) Forms A & B American Guidance Service Inc.	Designed specifically for cerebral palsied and speech impaired people. Normative group is over 4000 subjects, ages 2 to 18. Intelligence quotients tend to be higher on the PPVT than on other tests. Lack of fine detail in the pictures minimizes confusion. Subject must choose one of four pictures as a "definition" for a word given by the examiner. Sets of pictures are presented in increasing difficulty. Untimed, takes 10 to 15 minutes. Requires no special training.
Raven Progressive Matrices Psychological Corporation	Similar to the PPVT. 60 analogies graded in terms of levels of difficulty, set up as multiple choice items involving selection of the proper element to complete the design. Subject can respond by pointing. Pictures are considered to be less "culturally contaminated" than those on the PPVT as they are geometric designs rather than pictures of people or objects.
Stanford-Binet Houghton Mifflin Company	Suggestions for modifying include pantomiming, presenting a choice of answers in multiple-choice form, showing the test pictures and problems on cards. On Binet Form Board, for example, person with hand coordination problems can pick up blocks more easily if small knobs have been screwed into them. Bead Stringing can be modified by having the child place the bead on the table in the appropriate pattern or indicating to the examiner which bead should

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* Test publisher addresses are listed in Appendix 1.

FIGURE 4 -- *Continued*

	be strung next. If the person has speech involvement such that Word Naming becomes a problem within a time limit, the examiner can ignore the time and observe the range of thought and ability to deal with the abstract.
The Vineland Social Maturity Scale Psychological Corporation	A test of developmental "intelligence," or as the test title says, "social maturity;" score is affected by physical disability, education, training, changing social customs, and experiences. If the social age is higher than the mental age, indicates that perhaps tests of intelligence are not tapping the real intellectual resources.
Wechsler Intelligence Scale for Children (WISC) Wechsler Adult Intelligence Scale (WAIS) Psychological Corporation	Can be individually adapted more easily than Binet. Verbal Scale can be used for the severely motor or visually impaired. Performance sections can be given to hearing and speech impaired. Performance subtests do require adequate vision and some arm and hand use, but modifications are possible.
APTITUDE TESTS The General Aptitude Test Battery (GATB) Non-Verbal Aptitude Test Battery (NATB) U. S. Employment Service	Often used in vocational planning to determine aptitudes. Used by state Divisions of Employment Security but may be given in schools by approved examiner of persons with cerebral palsy. GATB assesses intelligence, verbal, numerical, and spatial abilities, form perception, clerical perception, motor coordination, finger dexterity, and manual dexterity. The pegboard test requires standing, the rivet board requires fine dexterity, and the tests are highly speeded.
DIAGNOSTIC TESTS The Bender-Gestalt Grune and Stratton Inc.	A space perception task where the subject is asked to copy drawings for analysis of perceptual motor behavior. The task may totally elude a person with cerebral palsy despite mental superiority. Bender notes that there is not a close correlation between extent of brain damage and degree of disturbance in production of forms.
Draw-A-Person Western Psychological Services	Should be administered by examiner able to distinguish between poor drawing abilities and poor body image.

PSYCHOMETRIC TESTING MATERIALS*

Assessment of the blind. Special October 1975 issue of New Outlook for the Blind, 69(8). Back issue available. Contact American Foundation for the Blind for cost information.

Bauman, Mary K. Psychological and educational assessment. In Berthold Lowenfeld (Ed.), The visually handicapped child in school, pp. 93-116. New York: The John Day Co., 1973. $16.00.

Bolton, Brian. Handbook of measurement and evaluation in rehabilitation. Baltimore, Maryland: University Park Press, 1976. $18.50.

Botterbusch, K. Materials Development Center, Menomonie, Wisconsin.

Tests and measurements for vocational evaluators. 1973. $2.00.

The use of psychological tests with individuals who are severely disabled. 1976. $2.00.

Clements, Sam D. & Hicks, Tom. J. Physically and neurologically impaired. In Milton V. Wisland (Ed.), Psychoeducational diagnosis of exceptional children, pp. 213-232. Springfield, Illinois: Charles C. Thomas, 1974. $13.95.

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Education of the Visually Handicapped, October 1975, 7(3). Back issue, $3.00/copy. Available from Association for Education of the Visually Handicapped.

Hokansen, Dean T. & Jospe, Michael. The search for cognitive giftedness in exceptional children. New Haven, Connecticut: Project SEARCH, 1976. $1.65.

Levine, Edna S. Mental assessment of the deaf child. Volta Review, 1971, 73(2), 80-97; 100-105.

Levine, Edna S. The psychology of deafness: Techniques of appraisal in rehabilitation. New York: Columbia University Press, 1960. $13.00.

Myklebust, Helmer R.; Neyhaus, Arthur; & Mulholland, Ann M. Guidance and counseling of the deaf. American Annals of the Deaf, 1962, 107(4), 370-415.

Patterson, Cecil H. Testing in the counseling process. In An introduction to counseling in the school, pp. 138-154. New York: Harper & Row, 1971. $10.95.

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* Addresses for ordering materials may be found in Appendix 1.

Rennick, Phillip M. Psychosocial evaluation of individuals with epilepsy. In George N. Wright (Ed.), Epilepsy rehabilitation. Boston: Little, Brown and Company, 1975. $10.00 paperback. $15.00 hardcover.

Scholl, Geraldine & Schnur, Donald. Measures of psychological, vocational, and educational functioning in the blind and visually handicapped. New York: American Foundation for the Blind, 1976. $5.00.

Super, Donald. Testing and using test results in counseling. In Patterson, The counselor in the school: Selected readings, pp. 282-320. New York: McGraw-Hill, 1967. $6.50.

Vernon, McCay. Deaf and hard of hearing. In Milton V. Wisland (Ed.), Psychoeducational diagnosis of exceptional children, pp. 190-212. Springfield, Illinois: Charles C. Thomas, 1974. $13.95.

CHAPTER 8

JOB PLACEMENT

The job placement of severely physically disabled students typically requires knowledge and efforts beyond those involved in the placement of nondisabled students. Placement personnel, students, and often prospective employers must be apprised of recently enacted federal regulations mandating equal employment opportunity for disabled persons. Special efforts may be necessary to correct employer misconceptions about disabled workers. Specific jobs will have to be analyzed in order to match task requirements to the abilities and limitations of the applicant. Employers may need advice on how the physical environment, equipment, and job activities must be restructured in order to accommodate the disabled employee. The student may require assistance in the interviewing process, and once hired may need a specialized orientation.

Not all students with physical disabilities or chronic health problems will require the full range of these specialized placement services. Some, like their able-bodied peers, will find jobs by themselves or will be adequately served by the typical school placement activities. However, other students will -- by virtue of vocational handicaps and/or employment barriers -- need specialized assistance in seeking and maintaining employment. Placement of these students cannot be left to chance. Neglecting this final phase of services will dilute the worth of even the most excellent high school program of guidance, counseling, instruction and support services.

This chapter presents an overview of the following factors: procedures for developing high school placement services for physically disabled students and the necessity for interagency collaboration; legislation on employment rights; job development procedures; and job adaptation or restructuring.

PLANNING SPECIALIZED JOB PLACEMENT SERVICES

The state Vocational Rehabilitation Agency (VR), is a central resource for placement of the physically disabled student who is eligible for VR services. The VR system encourages the active participation of the high school in placement and stresses the importance of collaboration throughout the placement process.

Collaboration between the school and the local VR office is highly advantageous both in terms of cost-effectiveness and quality of services to the student. On the one hand, vocational rehabilitation counselors have expertise in analyzing and restructuring jobs and in encouraging the reluctant employer to hire a disabled person; they are familiar with the resources that may be available from their agency, such as subsidies for conversion or purchase of equipment which can make a job viable for an individual and on-the-job training subsidies (OJT) involving partial payment of an employee's salary if an extensive amount of initial supervision or training is required. The VR counselor can call upon the expertise of specialists on the staff of the VR Agency, such as the industrial engineer, the hardware modification specialist, or the expert in task analysis. (For additional information on VR services see Coordinating the Delivery of Services, pp. 87-89 and State Resources Section, pp. 450-451.) High school placement personnel, on the other hand, are familiar with the student, his/her training program, and his/her skills. They have immediate access to those high school teachers, counselors, and other school personnel who have guided the student in his/her career development and who may have valuable recommendations to make regarding the student's placement. School placement personnel often have built up a network of contacts with local concerns that employ the high school's graduates. Also, vocational department chairpersons and instructors may be instrumental in developing placement contacts with a certain type of business or industry.

Cooperative agreements between the school and the VR Agency may be established in a number of ways. They may take the form of state-wide or city-wide formal cooperative agreements between the State Department of Education and the VR or between one or more school systems and the VR. (In some areas, the VR and school system have arranged for a school-based VR Agency counselor or an itinerant VR counselor to serve a number of schools.) Or the cooperative agreement may take the form of a less formal collaboration between the school and the agency. We recommend that high schools contact their State VR Agency and consult the following document:

> *Cooperative programming between vocational rehabilitation agencies and the school systems: A sourcebook for administrators and supervisors.*

Outlined below are guidelines regarding specialized high school placement services for physically disabled students. The exact nature of each high school's placement responsibilities will be predicated on the type of interagency collaboration (if any) between the high school and the VR Agency and on the resources available from other state agencies and community agencies.

One individual at the high school should be designated to assume the role of placement coordinator for disabled students on either a full- or part-time basis. In some schools where there are few disabled students placement may be handled by the work experience or cooperative education coordinator or by the vocational adjustment counselor. This is an acceptable alternative to hiring a placement coordinator, provided that the individual involved has sufficient released time to assume placement responsibilities and that adequate clerical help is available for handling routine paperwork duties. The high school having only a few physically disabled students should consider establishing a district-wide or multi-district cooperative program of placement services with someone assuming placement responsibilities in each high school. The guidance staff and directors of special education and vocational education may serve on an advisory committee along with community employees and representatives of the local Vocational Rehabilitation Office.

Responsibilities of the placement coordinator may include:

- Plan and coordinate services with the various agencies involved in the job placement of disabled persons:

  The local Vocational Rehabilitation Office (particularly the student's VR counselor)

  - The Governor's Committee on Employment of the Handicapped
  - Rehabilitation and vocational evaluation centers
  - Community organizations of and for disabled persons
  - The State Employment Service specialist in serving disabled persons (see State Resource Section).

- Inform students of U. S. Civil Service provisions for disabled persons. There is a non-competitive appointment authority available to federal agencies interested in offering a job to a severely physically disabled applicant: the applicant does not have to qualify through testing or evaluation of experience and education. However the applicant must be certified by his/her Vocational Rehabilitation Agency counselor as being qualified for the job. A second U. S. Civil Service provision is the modification of testing procedures. For information on these and other specialized services, one should contact the Selective Placement Specialist at the Federal Job Information Center which is located in the U. S. Civil Service Commission office in each state. The following publications can be obtained from Federal Job Information Centers:

  A chain of cooperation. Describes collaboration between the U. S. Civil Service Commission and the State Vocational Rehabilitation Agency.

  Employment of physically handicapped persons in the federal service.

- Coordinate the high school's specialized placement services for the disabled with high school and district placement services for all students. To facilitate such coordination, schedule joint meetings with the vocational director, the program coordinator, and all members of the placement staff. Additional staff members (e.g., work experience and cooperative education coordinators, vocational counselor, vocational adjustment counselor) should be invited to participate whenever their input is deemed necessary.

- Coordinate activities of the instructional staff and work experience/cooperative education coordinators to assist the student in developing appropriate job-seeking skills through:

  - Teaching the student how to respond to typical interview questions and situations. This can be accomplished by role playing sessions regarding typical questions asked of all job applicants and those most frequently asked of a handicapped individual (e.g., specific questions asked of the hearing, visually, and orthopedically impaired).
  - Helping the student acquire letters of reference (especially from vocational teachers, work experience/cooperative education coordinators, and employers) which will explain the functional skills the student has acquired in training.
  - Helping the student prepare an effective job resume.

  - Teaching the student general job-seeking strategies, including the general hiring procedures of most companies, use of want ads, and employment services.
  - Informing the student of legislation regarding equal rights to employment for disabled persons. (See next section.)
  - Instruction in filling out job applications.
  - For information and resources on job-seeking skills, see Career Development, pp. 256-258.

- Undertake job development activities and organize a clearinghouse of job opportunities. (See Job Development, pp. 364-370 of this chapter.)
  - Distribute job notices to appropriate school staff (e.g., counselors serving the handicapped, work experience/cooperative education coordinators, special education teachers). These individuals would be responsible for informing students of job openings and assisting (if necessary) in the job application process.
- Provide personnel officers with positive information regarding disabled students applying for a job. This should be done by telephone or in person rather than merely relying on a letter. Such a personalized approach enables the placement coordinator to discuss with the employer possible modifications of job activities or the work environment.
- Compile and impart to students and prospective employers information to dispel employers' fears regarding workmen's compensation, absenteeism, and other similar concerns. (See pamphlets cited in Chapter 1 and pp. 367-369 of this chapter.)
- Compile information regarding adaptive devices (which usually can be procured by the client at VR expense) and modification of work tasks/work environment that will enable the physically disabled individual to engage in various jobs. Impart the information to students and prospective employers.
- Conduct an individual interview with each student looking for full-time employment upon graduation. At the time of the interview each student should complete a job interest survey.
- Utilize vocational assessment, vocational skill preparation course, and work experience records to determine potential placement areas.
- Assist students in solving job-related transportation problems.
- Assist the student to plan any special assistance s/he may need in the job application process. If the application is to be filled out at the prospective employment site, the blind student needs the assistance of a reader. The deaf student may need interpreting services at the interview.

- If necessary, help arrange specialized services for the student during his/her initial "break-in" period on the job. This may involve interpreting services for the hearing impaired or mobility orientation for the visually impaired. Such services should be necessary only for about a week after placement. Atelsek and Mackin (1971) suggest the following regarding on-the-job adjustment services:
    - The VR agency counselor may be able to assist employers in orienting and training new employees who are VR clients. This on-the-job adjustment service may be an inducement for employers to consider hiring the disabled applicant.
    - Family members, relatives, and friends of the worker should not be involved in providing on-the-job adjustment services.
    - Some employers are receptive to job-coaching or the use of a buddy system. In such a system the counselor should work with the co-worker(s) assigned to help the new employee in order to make sure that: 1) the client is moving toward greater independence and self-sufficiency; and 2) the employer will not become disturbed by an excessively long break-in period.
    - On-the-job follow-up can be overdone. Aim to have the new employee working independently as quickly as possible. The in-plant orientation should be reasonably brief; but the foreman/supervisor should be made well aware that the placement counselor's services are available when needed.
- Establish on-the-job follow-up procedures: the school's responsibility to the program graduate (or early school leaver) does not stop when the former student has been employed. It is essential that the placement coordinator or his/her designee provide follow-up to determine how the disabled individual is adjusting and how the employer is reacting. The placement worker should offer assistance to the employee or employer in resolving any problems which may exist.
    - The timing of the initial follow-up will be determined by the circumstances of the individual case. With some program graduates it might be advisable to follow-up within the first few days after placement; with others the employer or the disabled employee may feel this is an unwarranted imposition.
    - Usually follow-up should be initiated fifteen to thirty days after placement. This period of time will allow the employee to become familiar with the new job and to consider its appropriateness. Also, by this time, the employer and co-workers will have formed some opinions about the suitability of the employee.
    - Additional follow-up should then be scheduled at sixty and ninety day intervals after the placement. The suitability of the placement can generally be determined within these periods.

- The results of follow-up procedures can be used as a type of evaluation of the high school's services. School personnel should be informed of any problems that are found to occur with some frequency on the job. Teachers, counselors, and other school personnel can help prevent the occurrence of these problems in the future by adjusting counseling, work adjustment, and instructional services to address these problem areas.

LEGISLATION

The regulations of Sections 503 and 504 of the Rehabilitation Act of 1973 (Public Law 93-112) have a major and positive impact on the employment of disabled persons. It is essential that disabled students be informed of their rights under this legislation. Two other audiences should also be apprised of the rights of disabled persons to equal employment opportunities: the entire student body and community employers who are recipients of federal funds (including the school system). Teachers of civics, social studies, government, or law classes should be encouraged to incorporate a unit on employment-related legislation in their courses. As part of job development activities, placement personnel can discuss affirmative action obligations with prospective employers and represent the high school as a resource which the employer can tap in recruiting qualified disabled applicants.

Section 503 mandates that every employer doing business with the federal government under a contract for more than $2,500 must take affirmative action in the active recruitment, hiring, advancement, and treatment of qualified disabled individuals. Approximately one-half of the businesses in the United States are affected by this legislation. The contractor must make "reasonable accommodation" to the physical or mental limitations of the applicant or employee (unless the contractor can prove that accommodations would create an undue hardship on the business). Accommodations might include, for example, making parking facilities and restrooms accessible, constructing a ramp for wheelchair users, and adapting safety warnings (e.g., modifying a sound safety warning to a visual safety warning for a deaf worker), modifying equipment, or restructuring a job by substituting one task for another. A copy of the regulations may be obtained from the Employment Standards

Administration of the U. S. Department of Labor (see Appendix 1 for address).

Figure 1 at the end of this chapter delineates guidelines that employers receiving federal contracts must follow in implementing the Section 503 mandate. School placement personnel involved in job development may wish to provide these guidelines to employers seeking information. Figure 2 outlines the complaint process that disabled individuals may undertake if they feel they have been subject to discrimination. Additional sources of information for school personnel, employers, and disabled persons are identified in these two figures.

Section 504 of the Rehabilitation Act of 1973 represents the first Federal civil rights law protecting the rights of handicapped persons. It provides that "no otherwise qualified handicapped individual...shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance*" (emphasis added). Each federal agency is responsible for drawing up regulations to be followed by recipients of funding from that agency. The Section 504 regulations referred to here are those recently (April, 1977) enacted by the Department of Health, Education, and Welfare and apply to recipients of HEW funding. It is anticipated that other federal agencies will use these HEW regulations as a model for their regulations to implement Section 504.

Subpart B of the HEW regulations states that no program or activity receiving HEW financial assistance can discriminate against qualified handicapped persons in the following areas:

- Recruitment, advertising, and the processing of applications for employment;
- Hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right of return from layoff, and rehiring;
- Rates of pay or any other form of compensation and changes in compensation;

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* "Federal financial assistance" is defined as including any grant, loan, contract, or any other arrangement by which the federal agency provides assistance in the form of funds, services of Federal personnel, or property.

- Job assignments, job classifications, organizational structures, position descriptions, lines of progression, and seniority lists;
- Departure and return from leaves of absence, sick leave, or any other leave;
- Fringe benefits available by virtue of employment, whether or not administered by the recipient;
- Selection and financial support for training, including apprenticeship, professional meetings, conferences, and other related activities, and selection for leaves of absence to pursue training;
- Employer sponsored activities, including social or recreational programs; and
- Any other term, condition, or privilege of employment. (Section 84.11)

Neither may a recipient (employer) participate in a contractual or other relationship (e.g., with employment and referral agencies, labor unions, organizations providing or administering fringe benefits, organizations providing training and apprenticeship programs) which has the effect of subjecting the qualified disabled applicant or employee to discrimination.

The recipient is required by law to "make reasonable accommodation to the known physical or mental limitations of an otherwise qualified handicapped applicant or employee, unless the recipient can demonstrate that the accommodation would impose an undue hardship on the operation of its program" (Section 84.12). Accommodations could include:

- Making facilities used by employees readily accessible to and usable by handicapped persons
- Job restructuring
- Part-time or modified work schedules
- Acquisition or modification of equipment or devices
- The provision of readers or interpreters
- Other similar actions.

We recommend that school guidance and placement personnel discuss the possible need for such accommodations with the student, so that s/he is prepared to address the need with the employer.

In selecting among job applicants, the employer may not use an employment test or other selection criteria which screens out or tends to screen out handicapped persons unless:

- The test score or other selection criteria is shown to be job-related for the position in question, and
- Alternative job-related tests or criteria that do not screen out or tend to screen out as many handicapped persons are not shown by the Director [of the HEW Office for Civil Rights] to be available. (Section 84.13)

Employment-related tests should assess the individual's job skills, aptitudes, or other factor the test purports to measure, rather than reflect impaired manual, sensory, or speaking skills (except where these are the skills the test purports to measure).

Pre-employment inquiries are also addressed in the regulations. Employers can ask about an applicant's ability to perform job-related tasks and to perform them safely, but cannot ask whether and to what extent the applicant is disabled, with the exception of the following. The employer can inquire if the applicant is disabled only if the purpose of the inquiry is to: 1) correct the effects of past discrimination; 2) take voluntary action to overcome the effects of past conditions which resulted in limited participation of the disabled; and 3) take affirmative action pursuant to Section 503. The employer must make clear that information about a person's disability is requested on a voluntary basis,

For additional information and a copy of the Section 504 regulations, contact the regional Office for Civil Rights. The regional Office for Civil Rights can also provide information about the procedures to follow when a disabled job applicant or employee has a discrimination complaint.

JOB DEVELOPMENT

The goals of job development are to identify potential sources of employment and to sensitize/encourage prospective employees regarding the hiring of applicants who are disabled. Thus defined, job placement will require an extensive commitment of time. The school placement coordinator cannot expect to alone undertake a comprehensive program such as that described below. However, the placement coordinator can implement certain of the strategies outlined. In planning the school's role in job development, the placement coordinator should contact the following personnel and agencies in order to 1) identify those activities which will complement and not duplicate agency job development efforts and

2) obtain materials to provide to prospective employers:

- The VR counselor (and placement specialist)
- The Governor's Committee on Employment of the Handicapped
- Organizations of and for the disabled (e.g., Chapters of the Epilepsy Foundation, Diabetes Association, etc.)

For an excellent discussion of job development techniques, see:

Frank Atelsek & Eva Mackin, Diversifying job opportunities for the adult deaf. Principles are generic to persons with other disabilities as well. Written for VR counselors, but guidelines will be helpful to high school placement personnel.

Identifying potential sources of employment

For high schools serving a substantial number of physically disabled students, arranging a job clearinghouse is an excellent technique for collecting information on employment opportunities in the community. High schools serving only a few disabled students may wish to join with other high schools in the district and in neighboring districts to form a clearinghouse on a collaborative basis. (It should be noted that the following development activities can be conducted individually and need not be part of a formal clearinghouse arrangement.)

- Develop a brochure to inform employers that recent federal regulations require certain employers (recipients of federal contracts/grants) to provide affirmative action for disabled persons. Identify the high school's job clearinghouse as a source of recruitment of qualified disabled applicants. Describe the school's programs from which the applicants are graduating.
- Conduct a survey (accompanied by the brochure) of community employers regarding job possibilities and possible reservations or concerns regarding the hiring of a disabled worker. Address these concerns in later contacts with the employer.
- Send announcements of the clearinghouse to the Chamber of Commerce and civic/fraternal organizations. Use releases to local press, public service spot announcements on radio or television, and "word-of-mouth" contacts via parent-teachers organizations.
- Publicize the clearinghouse through personal contact.
  - Arrange visits to local business and industry and meet with top management if possible.
  - Invite personnel directors and other persons responsible for hiring to the school. Employers will thus have an opportunity to meet with department chairpersons and instructors to discuss the training programs at the high school, to view the facilities, and to see nondisabled and disabled students working together on an equal par.

- Organize communication lines for the prospective employer to contact the placement coordinator regarding job openings.
- Establish times for local business and industry to come to the school to interview students.
- Conduct on-site observations to assist employers in identifying those jobs for which disabled graduates would be qualified.

There can be a disadvantage to conducting job development activities aimed solely at promoting jobs for disabled persons. Regardless of the care that is taken to apprise the prospective employer of the reality that disabled applicants are first and foremost qualified workers, the fact that the job development effort is focusing only on physically disabled persons may unintentionally reinforce the employer's notion that handicapped persons are "different", or may otherwise feed into an employer's notion of philanthropy. This seeming "Catch-22" can be resolved, at least in part, by incorporating the above type of activities within the broader context of job development activities for all students graduating from the high school.

The placement coordinator for example, can collaborate with the department chairperson of a career program to contact prospective employers for purposes of job development in a particular career area. Letters or brochures may be sent out to employers, informing them of the career program existing at the high school, discussing the type of training/education provided to the student, mentioning that previous graduates have been successfully employed at X, Y, and Z firms, and encouraging the firm to consider the high school as a source of recruitment for well-prepared employees. Within this context, the letter/brochure can mention that some of the students in the program are physically disabled, and that the physical disability does not handicap the student in respect to training for, or engaging in, the particular career.

Information for prospective employers

Although some employers will have equitable attitudes regarding the employment of persons who are disabled, it is not unlikely for many employers to be reluctant to hire disabled people. The employer may have misconceptions regarding increased insurance costs, higher accident rates, poor attendance, or lower productivity. Or the employer may feel uneasy about relating to the disabled individual. It is the responsibility of the placement coordinator, state agencies, and the job-seekers themselves to work as a team to sensitize and educate employers.

There are numerous public information pamphlets which can be used to elicit the employer's cooperation in hiring a person who is disabled, to educate the employer on special modifications which may be needed either in the application process or on the job, and to dissipate stereotypes. The job placement coordinator should have this information on hand to educate the prospective employer. The job-seekers should also study these pamphlets so that they will be prepared to discuss with prospective employers any concerns they may have.

A surprising number of employers will object that their workmen's compensation premiums will automatically increase if a physically disabled person is hired. This is not true. For example, a recent study conducted by the E. I. duPont de Nemours and Company of its handicapped employees indicated that "duPont has had no increase in compensation costs as a result of hiring the handicapped" (Wolfe, 1973).

Insurance companies do not take the physical condition of employees into consideration when computing a firm's premiums for workmen's compensation coverage. Premiums are computed in two ways. For most employers, rates are based on the class into which the employer falls, the class being determined primarily by the industry involved and the hazards relative to that industry. For some larger employers "individual risk ratings" are performed, so that premiums are based on the employer's actual past experience with industrial accidents. But because the safety record of properly placed disabled workers is similar to that of able-bodied persons, and because of the formula used to compute premiums, the danger of an employer's premiums increasing because of higher accident rates is minimal. Two pamphlets which very cogently explain the issues of workmen's compensation and safety records are:

Hiring the handicapped: Facts and myths.

Workmen's compensation and epilepsy.

Employers occasionally cite union opposition as one reason for not hiring handicapped persons. However, unions such as the AFL-CIO (1972) have publicly stated their support for employment of disabled individuals. Furthermore, the AFL-CIO at its 1967 Convention recommended that "prohibition against discrimination in the employment of the handicapped be included in fair employment practices of collective bargaining agreements." The following pamphlet voices the union's stand on this issue:

AFL-CIO, Working together...The key to jobs for the handicapped.

It should also be noted that according to Section 504, recipients of federal funds over $2,500 cannot participate in a contractual or other relationship with labor unions if the resulting effect is to subject disabled employees or applicants to discrimination.

Employer's questions regarding blind persons -- What kind of orientation is needed? How do I teach specific job skills? What kind of work can a blind person do? -- are answered in two American Foundation for the Blind pamphlets:

Why not hire a blind person?

When you've hired a blind person.

Frequently inquiries are made about how the individual will manage to get around the job site. The placement coordinator can provide the employer with the following pamphlet, also available from the American Foundation for the Blind:

How does a blind person get around?

The placement coordinator can also ask the student to inquire of his/h Vocational Rehabilitation Agency counselor whether the agency will pay for the services of a peripetologist to provide on-the-job mobility training.

An excellent pamphlet for orienting prospective employers to employment of hearing impaired persons is:

Hiring persons with hearing impairments.

This pamphlet emphasizes that communication limitations resulting from deafness are not indicative of impaired intellect, and discusses the methods of communication which can be used in the employment setting. A most important topic covered is the use and interpretation of intelligence, aptitude, and personality tests that are frequently used to screen applicants: it is pointed out that tests which are validated on hearing individuals and which involve high verbal ability may not really measure the true potential of the hearing impaired person to successfully perform the job.

An excellent pamphlet for employers explaining the affirmative action regulations of Section 503 of the Rehabilitation Act of 1973 is available from the President's Committee on Employment of the Handicapped: Affirmative action to employ handicapped people: A pocket guide. The President's Committee may develop a similar pamphlet regarding the recently enacted regulations for Section 504.

Additional employer information pamphlets are identified in Chapter 1.

Employer education can be conducted at various points in the job development and job placement process. Pamphlets can be distributed to employers when the survey about employment opportunities is conducted, when publicity about the job clearinghouse is performed, or when employers visit the school.

Upon contacting an employer to make a referral, the placement coordinator can mention that the applicant is disabled and offer to forward some literature relative to the employment of persons with his/her disability. Such early orientation can clear up some of the employer's stereotypes and misgivings before the individual applicant and employer meet, so that at the interview the employer can more equitably assess the applicant's relevant qualifications and more openly discuss possible disability-related issues. It is essential for the placement coordinator to obtain the student's permission before conducting an activity of this sort; it is the student's perogative to disavow this practice if s/he does not want the disability/health condition made known or if s/he wishes to handle the situation him/herself.

While it may be helpful for the placement coordinator to discuss an employer's concerns before the interview, it can also be productive for the student to politely educate and sensitize employers, if need be, at the interview. Handled correctly, this effort can reflect positively on the independence and maturity of the student. Some students will already be prepared to deal with the employer's concerns. If not, the student can prepare him/herself by studying the aforementioned pamphlets and by role playing typical interview situations (see Career Development, pp. 256-258).

One final reminder to placement coordinators and students is in order: Not all employers will have reservations about hiring a disabled worker. Nor will the employer necessarily have to be informed of the applicant's health problem or disability if the condition has no bearing on the safety or performance of a job. The specialized approaches we have discussed here are not always necessary in placing the student.

JOB ADAPTATION

Jobs which initially seem inappropriate for a student can often be adapted to the capacities and physical limitations of the individual, without sacrificing the performance demanded by the employer. Such alterations in equipment, procedures, and physical environment, as well as the use of special aids, are commonly referred to as job modifications or adaptations. One should keep in mind that not all jobs can be modified in ways sufficient to serve the needs of both employer and employee, and conversely, that many jobs will require no modification at all. In between are the jobs that can be successfully performed if the necessary modifications are made.

Decisions as to the viability of a job and the types of modifications needed rest ultimately with the student, the VR counselor and specialists* and at times, the student's physician. However, it is important for the high school placement coordinator to know what types of adaptations are feasible, so that s/he does not overlook potentially viable job placements, and so that s/he can discuss the options for modification with students and prospective employers.

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* The VR may have specialists in task analysis, job engineering, and hardware modification who can assist in prescribing the types of adaptations that will be necessary for a client to engage in a particular job.

The following sections briefly identify various types of job adaptations. For further information, we recommend:

Adaptation of jobs for the disabled.

It should also be noted that many of the publications recommended in the chapters Career Development and Educational Planning are highly pertinent to job adaptation. See in particular: Career Development, p. 244; and Educational Planning, pp. 188-189, 205, and 214-216.

Equipment modification

There are a variety of ways in which equipment can be modified for persons with physical impairments.* Some examples are:

- A hand lever may be substituted for a foot lever if the client has limited mobility of the lower extremities.
- If a person can exert only limited pressure of the hands or arms power-assisted controls can be substituted, or a control can be lengthened to provide greater leverage, thus necessitating less force for operation.
- Switchboards can be converted to provide audible signals rather than light signals.
- Electronic test equipment which has a visual display can be adapted to provide a braille display.
- Equipment producing sound signals can be converted to provide visual signals.
- Equipment can be raised or lowered to bring the work within the reach of an individual who, for example, is of short stature or uses a wheelchair.
- Machines can be fitted with guide plates or guide stops so that the visually impaired person can position work materials and locate specific points on the materials.

Procedural modification

The changing of job procedures is also known as job restructuring, job reorganization, systems change, and job factoring. When an individual cannot perform a certain job task, it may be feasible to substitute that particular job task for another one. For example, in an office with several secretaries, the deaf secretary may assume some of the other secretaries' typing load in exchange for their assuming the deaf secretary's "share" of telephone answering.

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* In most cases, equipment which is modified can still be used by able-bodied persons.

Procedural adaptations may also be necessary for persons who can perform a certain task but who have limited stamina or must not overly exert themselves. For example, persons with cardiac conditions may be able to modify their daily work schedule in order to safely assume the physical demands of a job. Christensen (1962) reported the following regarding the restructuring of the work schedule:

> *The same total work output can be achieved with remarkable reduction of physiologic strain by reducing the duration of work periods, despite shortening of rest pauses. Work levels which lead rapidly to exhaustion when 3 minutes of work alternate with 3 minutes of rest can easily be tolerated by the same subject if the work period is reduced to 1 minute or 30 seconds, alternating with rest periods of equal duration. In each case the total output and the total duration of both work and rest periods are the same.* (p. 942)

Such a procedural modification must, of course, be planned in consultation with the individual's physician and/or the industrial physician.

Physical environment modification

One type of physical environment modification is the removal of architectural barriers. The publications identified in Educational Planning, p. 216, as well as the following pamphlet, will be useful in assessing the architectural accessibility of potential job sites:

> Guide for federal agency coordinators in selective placement of the handicapped: Identifying and eliminating architectural barriers.

A second type of physical environment modification is the alteration of work conditions such as temperature, humidity, and noise. For example, excessive heat, cold or humidity can be harmful to the individual with a heart condition. This problem can be ameliorated rather easily by placing a humidifier, heater, or air conditioner in the room where the employee is working or by moving the employee to another part of the job site where such conditions do not exist. Another example is that of hearing impaired individuals who cannot tolerate loud noises or who may actually be in danger of losing their residual hearing if exposed to consistently loud noises. Noise can be reduced by placing vibrating equipment on rubber foundations, by lining walls with noise-absorbent materials, or by using specially designed ear plugs or ear muffs.

Use of special aids

Using a special aid to compensate for a physical or sensory limitation is often the least expensive and easiest way to adapt a job so that it can be performed both efficiently and safely. Often the VR will pay for such tools and devices. Primary resources on special aids are:

Aids & appliances for the blind and visually impaired.

Edward W. Lowman & Judith Klinger, Aids to independent living: Self-help for the handicapped.

Services for special needs.

The last document cited above, Services for special needs, identifies the numerous telephone aids for persons with hearing, visual, speech, and motion impairments. Among the aids available are the following:

- The bone conduction telephone receiver transmits sound vibrations to the inner ear of persons who hear better by bone conduction.
- The Code-Com set converts sound into visual and tactual signals that can be read by persons who are deaf and felt by persons who are deaf and blind.
- The Dataphone service links telephones to teletypewriters and telewriting devices used by hearing impaired persons.
- The speakerphone system allows use of the telephone by persons with limited manual capacities.

FIGURE 1

GUIDELINES FOR EMPLOYERS IN ESTABLISHING AFFIRMATIVE ACTION PROGRAMS (SECTION 503)*

I. Review the legal mandates for Affirmative Action (AA) Programs as established by Section 503 of the Rehabilitation Act of 1973. Final regulations to implement this section are published in the Federal Register of Friday, April 16, 1976, p. 16147.

For a further explanation of the law and/or assistance, contact the closest regional office of the Department of Labor's Office of Federal Contract Compliance Programs (OFCCP); the President's Committee on Employment of the Handicapped, Affirmative Action Division, Washington, D.C.; or your state vocational rehabilitation office, listed in your local phone directory.

II. For information on handicapped individuals in your recruitment efforts, the following sources can be contacted: state employment services, state departments of vocational rehabilitation, college placement offices, local and/or state organizations of and for the handicapped, including the following:

- American Council for the Blind
- Easter Seal Society for Crippled Children and Adults
- Epilepsy Foundation of America
- Governor's Committee on Employment of the Handicapped
- National Association for the Deaf
- National Association of Retarded Citizens
- National Federation of the Blind
- National Paraplegia Foundation
- President's Committee on Mental Retardation
- United Cerebral Palsy.

III. Conduct reviews of job descriptions within your organization. Separate discreet functions of each position and realistically assess the qualifications needed to complete them. Be creative in making readjustments where appropriate (i.e., a deaf person could perform secretarial duties if another individual answered the phone).

IV. Define the policy of affirmative action to be followed by your company and appoint a coordinator, preferably an individual familiar with the needs of the handicapped, who will have the necessary authority and clearly defined responsibilities to administrate such a program.

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* From Amicus, 1976, 1(6), pp. 26-27. A publication of the National Center for Law and the Handicapped. Reprinted with permission.

FIGURE 1 -- *Continued*

Include regulations in your policy that will apply to any potential sub-contractors and agencies filling purchase orders.

V. In establishing a fair-hiring policy, the following points should be kept in mind:

   A. All requirements pertaining to physical and mental abilities should be reviewed to determine if they are absolutely necessary for that particular job.

   B. A job description should include only those skills directly related to the performance of the job.

   C. Do not assume what functions persons with handicaps can and cannot do; allow them to articulate their own capabilities.

   D. Individuals should have the opportunity to demonstrate their abilities in an actual working situation. When employment tests are imperative only those criteria which have a direct relationship to job performance should be judged.

   E. Application forms should state that the employer is subject to the regulations of Section 503 of the Rehabilitation Act as defined in the final regulations published in the Federal Register and give the applicant the option of identifying any physical or mental disability which may require an accommodation in the job being sought. Such voluntary information must be kept confidential, except in cases where it is necessary for the well-being of the applicant to notify medical personnel and a direct supervisor.

   F. Remember that no medical examinations or certificate of a handicap are required at the time the application is being completed.

   G. Opportunities of the AA program should also be extended to already employed handicapped persons.

VI. Survey all potential barriers which could prove hazardous or inconvenient to a person with a handicap. Consult experts to assist in making any necessary accommodations. Restrooms, cafeterias, safety warnings, and parking facilities must, in particular, be accessible.

VII. Seek advice in setting up an insurance program from others knowledgeable about such programs. Too often employers assume that costs for insuring the handicapped are exorbitant before obtaining factual information.

FIGURE 1 -- *Continued*

VIII. At the time an employee is hired, explain clearly and in an appropriate manner or form the organization's policy for terminations, layoffs, upgrading and advancement. Publicize this information and any changes in policy periodically at staff meetings, through use of bulletin boards, newsletters, etc.

IX. Create an internal grievance procedure for those individuals employed through the AA program. Define the authority of the coordinator for the program and other recourses available to the employee.

X. Review your AA program at periodic intervals, seeking evaluations from disabled employees and other professionals in the field. Maintain records on hirings, advancements, and complaints for a reasonable period of time. Such records are required of employers contracting with the federal government for $50,000 or more.

XI. Publicize your program both within your company and to outside agencies having contact with the disabled. Give notice to local agencies, state departments of vocational rehabilitation, school placement services, unions, etc. Contact with the local media and human service agencies could also serve to further your efforts.

XII. Above all, remember that it is the spirit of such a program that is most important. Persons with handicaps are not to be treated in an inferior manner or pitied. Creativity in defining job responsibilities and maintaining an attitude of openness and fairness is of utmost importance to the success of an affirmative action program.

FIGURE 2

GUIDELINES FOR DISABLED PERSONS SUBJECT TO DISCRIMINATION IN EMPLOYMENT (SECTION 503)*

General:

Before applying for a job, you should review Section 503 of the Rehabilitation Act of 1973 to assure familiarity with requirements that must be met by contractors. Consult the Office of Federal Contract Compliance Programs (OFCCP) of the Department of Labor, the President's Committee on Employment of the Handicapped, Washington, D.C., or your state vocational rehabilitation office for a further explanation of the law.

Specific:

A. If you feel you have been subject to discrimination, check first with the personnel office or officer to determine if an internal grievance procedure has been established by the contractor. Review their policies and then contact the appropriate individual within the organization with your complaint.

B. If no such procedure has been established, send a complaint in writing to the state human rights or fair employment practices commission, and to the regional office of the OFCCP. The state organizations should be listed in your local telephone directory.

The written notice should include the following:

1. Your name, address and phone number;
2. The name and address of the contractor having committed the alleged act of violation;
3. A detailed description of the actions taken which you feel are discriminatory;
4. A signed statement indicating the nature of your handicap, a history of your handicap, or why the contractor believes you are handicapped;
5. The steps already taken to have the complaint resolved; and
6. Other agencies you contacted at both the state and federal levels.

This complaint and the "statement of handicap" should be signed by you or an authorized representative (i.e., lawyer, union representative). It should be submitted within 180 days of the alleged

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* From Amicus, 1976, 1(6), pp. 28-29. A publication of the National Center for Law and the Handicapped. Reprinted with permission.

FIGURE 2 -- *Continued*

discrimination, although an extension may be granted by the director of the OFCCP with sufficient reason.

C. You, as the complainant, should be willing to participate in any investigation required by the regional office of the OFCCP. This may include a physical examination, to be paid by the contractor, for purposes of documenting the condition of disability. Such documentation must be based on the Guides to the Evaluation of Permanent Impairment, as set forth by the American Medical Association.

D. If the director of the OFCCP finds no basis for the alleged discrimination, you will be so notified. You can request a review of this decision within 30 days.

E. If the director does find reason to support the claim, the contractor has 14 days to request a formal hearing. You, or your representative, can be present at such a meeting, and you have the right to present pertinent evidence and to cross-examine.

F. All information, including the evidence presented at a formal hearing, will be reviewed by the regional office of the OFCCP. A recommendation based on this evidence will be sent to the director of the office, who will be so notified, and conciliation meetings will be conducted through the regional OFCCP.

G. If the contractor is found to be acting in a discriminatory manner, the contractor must submit to the director of the OFCCP a plan to remedy such action to be completed at the earliest possible opportunity. Upon approval, both you and the contractor will be informed that the contractor's remedial actions are subject to review, and may be disapproved if found to be contradictory to the submitted plan. If such action is not remedied, the contract may be subject to termination, or the other sanctioning powers of the director of the OFCCP.

H. If you are subject to harrassment or intimidation in any of the proceedings in filing a complaint, you should consult the regional office of the OFCCP. Such actions are expressly prohibited in Section 503 of the Rehabilitation Act.

JOB PLACEMENT MATERIALS*

Adaptation of jobs for the disabled. New York: International Labour Office, 1969. $3.20.

Affirmative action to employ handicapped people: A pocket guide. Washington, D.C.: President's Committee on Employment of the Handicapped, 1976. Free.

Aids & appliances for the blind and visually impaired (22nd Edition, 1976-1977). New York: American Foundation for the Blind, 1976. Free. Available in braille also, free.

AFL-CIO. Working together...The key to jobs for the handicapped. 1973. Available from the President's Committee on Employment of the Handicapped. Free.

American Foundation for the Blind.

How does a blind person get around? 1973. Free.

When you've hired a blind person. n.d. Free.

Why not hire a blind person? n.d. Free.

Atelsek, Frank & Mackin, Eva. Diversifying job opportunities for the adult deaf. Washington, D.C.: Alexander Graham Bell Association for the Deaf, 1971. Available from National Technical Information Service. $3.00.

Cooperative programming between vocational rehabilitation agencies and the school systems: A sourcebook for administrators and supervisors. Free. Publication pending. Will be available from Office of Special Programs, Rehabilitation Services Administration.

Federal Job Information Centers. U. S. Civil Service Commission Area Office in each state.

A chain of cooperation (BRE-43). 1976. Free.

Employment of physically handicapped persons in the federal service (BRE-8). 1975. Free.

Guide for federal agency coordinators in selective placement of the handicapped: Identifying and eliminating architectural barriers. Washington, D.C.: U. S. Civil Service Commission, Office of Selective Placement Programs, 1974. Free.

Hiring the handicapped: Facts and myths. Chicago, Illinois: American Mutual Insurance Alliance in cooperation with the President's Committee on Employment of the Handicapped, n.d. Free in small quantities.

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* Addresses for ordering materials may be found in Appendix 1.

Hiring persons with hearing impairments. Washington, D.C.: The President's Committee on Employment of the Handicapped, n.d. Free.

Lowman, Edward & Klinger, Judith. Aids to independent living: Self-help for the handicapped. Hightstown, New Jersey: McGraw Hill Book Co., 1969. $42.50 plus postage.

Services for special needs. Available from local Bell Telephone Business Office. Free.

Workmen's compensation and epilepsy. Washington, D.C.: Epilepsy Foundation of America, n.d. Free.

CHAPTER 9

PARENT INVOLVEMENT

All high school counselors do some work in parent consultation. This role is typically expanded or intensified in the case of parents of disabled students. The federal mandate (P. L. 94-142 proposed regulations) for LEA's to provide special education and related services to disabled children specifies that related services include: parent counseling and training; providing parents with information about child development; and assisting parents in understanding the special needs of their child (Section 121a.4). Parental involvement in educational programming for the disabled child is also mandated.

The success of any school program or service involving parents -- whether it be counseling, information-giving, referral, or planning of an educational placement and of services to be provided -- will be contingent on the following:

> - The attitude of the professional. There must be a positive attitude which connotes that parents have a contribution to make to the growth of their son or daughter.
> - Recognition that there is more than one way to involve parents. Parents have individual needs that must be recognized to help them select the best way to involve themselves in the educational program of their son or daughter at a given time.
> - The belief that each parent is capable of growth. The amount of growth of parents will vary. The extent to which a parent progresses is dependent upon the degree to which the teacher or counselor changes, expands, and increases the breadth and depth of activities in the parent involvement program. (Karnes & Zehrbach, 1972, p. 7)

This chapter will focus on ways in which guidance personnel can help encourage positive relationships between parents and their disabled son or daughter and between parents and school personnel. Topics to be presented will include (a) parent counseling, (b) strategies to encourage positive parental involvement in their child's education/

habilitation program, and (c) legislation regarding the right of parents to be active participants in educational decisions regarding their child.

PARENT COUNSELING

The effectiveness of the counselor's efforts to directly assist the physically disabled student will to a great extent hinge on the dynamics of the student's home situation. In his review of research on counseling disabled persons and their parents, Leigh (1975) remarks that "In fact, the results of many studies indicate that parent counseling may be more beneficial in many situations than direct therapy or remediation with the child" (p. 61). We are not suggesting that the counselor focus all activities on the parent; however we do feel that any services to help ameliorate a physically disabled client's adjustment problems must involve working with parents -- to remove adjustment barriers that exist in the home and/or to assure that the counselor's efforts are reinforced by the parents.

It is important, if at all possible, for the counselor to see both parents. This helps lessen friction between the parents due to miscommunication or misunderstanding and alleviates the burden of responsibility on one parent. The counselor must encourage communication with all concerned in "honest down-to-earth language with sincerity and empathy, but not pity and sympathy" (Warnick, 1974, p. 39). Above all, the parents must never feel that the counselor is blaming them for any social or educational deficiencies manifested by the disabled young person but rather that they and the counselor can work together for the good of their child.

The expectations that parents and the counselor bring to the counseling situation will of course directly influence the process and outcome of counseling. It is essential for both parents and counselor to recognize those expectations that are valid and those that are destructive. The following parental requests, as delineated by More (1975), are valid:

- See my child as a total child with many needs, strengths, and weaknesses.
- Help me to use my strengths to understand and help this child.
- Be prompt, give adequate explanations, talk in terms I can understand, and give me your recommendations.
- Treat me as a co-worker, as a competent person, and help me to understand my strengths, biases, and limits.
- Help me to change my behavior if I so desire by giving me concrete help in my day-to-day contacts, but, above all, don't belittle my efforts by withholding information or talking "over my head."
- Don't imply, by your words or behavior, that it is all right to express my fears and concerns and then "back off," "tune out," or "take issue."
- Keep in touch; don't drop out of sight.

These expectations regarding the counselor are invalid:

- You are the expert. Tell me what to do and I'll do it.
- You are the expert; I don't need to talk with anyone else. Give me your advice concerning my child's academic, medical, social, and emotional needs; you are the answer to all my prayers.
- You can't help me or my child; you have never been disabled or raised a disabled child.
- I don't have to worry any more; someone else is going to figure out this child and do something.
- I don't need to tell you anything; he's on his own. I've got my own life to live.
- How can you ask those questions or make those suggestions? Don't you understand? What can you expect? After all, he's physically disabled. (p. 353)

In many cases, the parents' response to their child's being physically disabled will be a major issue to be considered in the counseling situation. Being aware of possible parental reactions to disability will help school personnel to better understand parental concerns and to better understand the child's feelings and behavior.

Parents' reactions to their child's disability

We should like to stress at this point that many parents can accept, adjust to, and cope with their child's disability with great equanimity. We concur with Barsch (1968) who states:

> *The general tendency to characterize parents of handicapped children as guilt ridden, anxiety-laden, overprotective and rejecting beings is unfortunate. While it is true that such cases exist, the majority of the parents are unduly stigmatized by this generalization.* (p. 80)

The fact remains, however, that adjustment to disability in one's child is not an easy task. Upon learning that their child is disabled (be the impairment congenital or a permanent adventitious impairment caused by illness or trauma), parents are likely to display initial reactions of anxiety, grief, disbelief, emotional upset, shock, helplessness, anger, disappointment, or guilt (Love, 1970, p. 78). Severe disability may also impose an unanticipated financial burden or may exacerbate an already insecure financial situation. The physical care that a severely disabled child may require can have a negative effect on the marital relationship and on the reaction of siblings toward their disabled brother or sister.

Some parents will cope with their feelings in a healthy way, accept the fact of the handicap, feel genuine and unconditional love for the child, and feel and show high evaluation of the child. Other parents will have a more difficult time in dealing with their feelings. While they may love their child, a mix of the following initial reactions may persist as the child gets older:

- Denial reaction. It is denied that the handicap has an emotional effect on the parent and that the child is actually handicapped. Educational plans for the child indicate that the parent does not accept any limitations for the child.
- Overprotectiveness. Parents are overwhelmed by a feeling of pity which expresses itself in oversolicitous and overprotective handling of the child.
- Disguised rejection. The handicap is considered a disgrace. The negative attitude and resentment toward the child is concealed by oversolicitous and anxious concern about his welfare and by an exaggeration of the duty of being a good mother.
- Overt rejection. The child is openly resented, and the parent is aware of hostile feelings but builds up defenses to justify them. Society, the doctor, or teachers are blamed for their prejudice toward the handidcapped. By the process of projection, the parent achieves a feeling of self-justification for her own

> hostility and a relief from intense feelings of guilt. (Sommers, 1944)

The impact that such parental reactions will have on the child's self esteem and personal, social, and intellectual growth will depend on a number of factors -- to name but a few, the extent to which both parents have such reactions, the child's inherent characteristics, and other influences in the child's environment.

By adolescence, patterns of relationship between the disabled young person and his/her parents and siblings will be firmly entrenched. In the event that family relationships are extremely disturbed, the school counselor should strongly recommend that the family seek family counseling at a community or private agency or clinic. Few school counselors will have the time or special training needed to give intensive therapy to parents who need such treatment. However, there will be situations where families do not require intensive treatment and where the counselor can directly provide assistance. These situations are described in the next section.

Some counseling issues

Generally speaking, goals to work toward in counseling parents of physically disabled youngsters will include helping parents to:

- Have realistic expectations of their child and to set goals for the child that are clear, possible to attain, and in keeping with the child's interests and needs.
- Recognize that all young persons have imperfections.
- Confront any real disability-related limitations that will affect future educational or vocational achievement.
- Foster as much independence as possible in terms of freedom to investigate the world. To do this, it may be necessary for parents to create opportunities for different kinds of experiences. (Fuller, 1965, p. 313)
- Understand that non-acceptance of any young person can create a greater handicap than the disability itself.

Many of the situations that will necessitate counseling with parents of a disabled youngster will involve the same issues that are common to parents and their nondisabled child. Although a physical disability can exacerbate parent-child problems, neither counselor nor parents should forget that the youngster is first and foremost an adolescent, with problems that are most likely typical of that stage of development. For example, not infrequently the high school counselor is placed in the position of serving as a mediator when meaningful communication breaks down between child and parents. The following two-fold approach may be a good beginning point in helping to reconstruct the lines of communication:

- Help the parents to understand their son or daughter as an adolescent, not solely as a disabled adolescent. The counselor may need to point out to parents that all children and adolescents have growing-up problems. Physical disability may all too easily become a rationalization for all problems whether or not they are directly related to disability. If parents are aware of the concerns and difficulties that characterize adolescence, they will then be in a better position to understand how physical disability may affect this often difficult developmental stage. Parents may also benefit from the help of other parents in this clarification process.
- Help the adolescent to realize that it is unrealistic to assume that all of one's problems are due to one's parents. "If only my parents would understand me" is a perennial teen-age cry that is not restricted to the physically disabled. Like any adolescent, disabled or not, the physically impaired young person may use his/her parents as a "scapegoat" for all of the frustrations associated with adolescence.

Presented below are examples of adolescent adjustment problems which may be exacerbated to various degrees by the student's disability. (Related adjustment problems are discussed in the chapter, Personal Adjustment.) Assisting parents to help their children deal with such problems may be a primary focus of counseling with parents.

- With the onset of adolescence, the independence/dependence struggle with parents intensifies for virtually all young persons. This may be particularly true in the case of severely physically disabled adolescents. For a number of reasons parents may not be able to emotionally accept the increasing need for independence on the part of their disabled son or daughter. Feelings of guilt leading to dislike or rejection of a disabled child may engender a reaction formation in the form of overprotection. There may be a need for a dependent child to fulfill the parent's needs for self-importance -- for mattering to someone else. Or parents may foster dependency in the disabled person because of their fears of his/her being harmed.

The reverse of overprotection may also occur. In some instances, impatience at the slow progress of a disabled individual as compared to peers or siblings may cause parents to set goals that are impossible to meet and thus push the young person into situations of discouragement or failure.

If such problems do exist, the counselor may be in a position to help parents distinguish between their own needs to treat their son or daughter as a child (or to deny the disability-imposed limitations) and the actual physical dependency needs that must realistically be met. The counselor may also help parents to understand, and to convey to their child, that social, emotional, and intellectual maturity are goals that even the most severely physically disabled individual can achieve.

- Emerging adolescents share a desire for privacy, both physical and emotional. The disabled teenager may find such problems looming even larger. Though wanting privacy, s/he may depend on others for dressing, bathing and other needs. It is essential that the young person be helped to realistically assess his/her dependency needs. It may be that special devices, architectural accommodations, and skills acquired through physical therapy may enable one to reduce one's dependence on others. To the maximum degree possible, parents should encourage their son or daughter to acquire functional independence in daily living skills.

- The sibling rivalry syndrome, with its roots in early childhood, may intensify as the disabled individual becomes a teenager. Disturbed relationships between able-bodied and physically disabled siblings may be manifested in the following ways:

  - The able-bodied sibling resents the continued outpouring of parental attention on his/her disabled brother or sister, and/or

  - The disabled adolescent is jealous and frustrated at being excluded from privileges and activities enjoyed by the able-bodied members of the family.

  Both problems may be related to the parents' tendency toward overprotection of their physically disabled son or daughter. Helping the parents to allow their physically impaired child more independence and encouraging parents to share attention among all their children may promote the adjustment both of the disabled teenager and his/her siblings.

- In adolescence, the issue of sexuality becomes a primary concern. For the severely disabled adolescent, very realistic questions regarding potential sexual relationships will arise. It is imperative that parents not deny their child's sexuality and that they encourage their son or daughter to enroll in a sex education course at school, if available, and/or to talk with a knowledgeable counselor, social worker, physician, or disabled adult.

Sessions with parents need not always focus on specific problems of their children or on ways to ameliorate these problems. Parents may need an opportunity to air their own feelings. As Stewart has pointed out, one of the most important benefits that counseling can have is to provide parents "with a situation in which the clinician is willing for them to be themselves, to disclose their own thoughts and feelings, and to speak of their needs, anxieties, fears, joys, and successes" (p. 76).

Although counseling with parents will often be a necessary and fruitful adjunct to counseling with the student, the counselor should use his/her discretion in determining exactly what situations require working with parents. The following precept applies to all counseling endeavors, regardless of the disability of the student:

> *It is important to mention [a pitfall] that is common for many helping professionals who work with deaf adolescents or young adults. This is the temptation to work with the client's parents rather than with the client himself. Often, parents are used to making decisions for their deaf children rather than with them, or encouraging them to make their decisions independently.... Counselors need to be prepared with tactful ways of encouraging the process of disengaging parents and their grown-up deaf children. This is another part of the definition of maturity.* (Meadow, 1976, p. 7)

In this section, we have only skimmed the surface of the many issues involved in counseling parents of students who are disabled. For an in-depth discussion of these issues, we highly recommend that counselors read Leo Buscaglia's The disabled and their parents: A counseling challenge. Additional suggested readings are:

Evelyn Ayrault, Helping the handicapped teenager mature.

Verda Heisler, A handicapped child in the family: A guide for parents.

Harold Love, Parental attitudes toward exceptional children.

Jack C. Stewart, Counseling parents of exceptional children: Principles, problems and procedures.

ENCOURAGING PARENT INVOLVEMENT

Mainstreaming the severely physically disabled student in the regular high school setting will in most instances require "team work." Counselors may work with resource room teachers, social workers, psychologists, speech or physical therapists, audiologists, doctors, nurses, administrators, teachers, vocational placement personnel, rehabilitation workers and more. Parents should be an integral part of this team. School personnel must recognize that parents, too, are experts. They typically have more knowledge to offer about their son or daughter and his/her situation than one can find in school records or test scores; consequently, they should be treated as allies in working toward the good of the disabled adolescent.

While some parents will be eager to participate in their son's or daughter's school program, others may be less likely to become involved unless they are encouraged to do so by school personnel. The following strategies will help facilitate a productive school-parent relationship.

Involve parents in educational and career decision-making

As is indicated in the section of this chapter on legislation, P. L. 94-142 mandates that school personnel actively involve parents in placement decisions. Local educational agencies are required to take steps to insure that, if at all possible, one or both parents attend all meetings held to develop or revise their disabled son or daughter's individualized educational program. By attending such "staffings" parents can offer information regarding the student's motivation, capabilities and limitations as well as indications of their own supportiveness. It is also mandated that parents be informed of, and provide consent for, any evaluation to be conducted. The following activities are recommended for involving parents in evaluation and placement proceedings:

- Inform parents of evaluation procedures. Plan small group sessions at which time members of the guidance and diagnostic staff explain test instruments and procedures. Both individual and group tests should be discussed. Information on tests should include:

- A description of the test with some sample items
- Adaptations that may be used to compensate for specific disabling conditions
- A statement concerning the purpose of the test
- An explanation of how the results will be used
- A statement as to whether or not the results will become a part of the student's permanent record.

Parents should also be informed of vocational evaluation strategies to be used. Audiovisuals demonstrating various work sample systems are available from the Materials Development Center (see Vocational Assessment, pp. 292-293). Consider showing relevant ones to parents.

- Involve parents in the diagnostic process. Develop one or more forms which the parents (and the student) can use to comment on various skills, interests, and needs that the student has. Models for such forms may be found in:

  Vocationally oriented school planning for the handicapped.

- Send parents a written report as a follow-up to formal evaluation procedures. Write the report in non-technical terms. The report should be prepared in the primary language of the home for parents who are not fluent in English. For parents who are non-readers or very poor readers an individual conference (if necessary a home visit) should be arranged to supplement or supplant the written report. The services of an interpreter may be necessary. Manual communication should be used if it is the parents' preferred mode of communication.

Parental participation in educational and career planning should not be limited to evaluation proceedings or meetings to develop the individualized educational program. Counselors can create other opportunities for parent participation, including:

- Plan a group session for disabled students and their parents prior to the actual enrollment process. Provide academic and vocational course information as well as information on architectural accommodations and special programs and services. Also include information on extracurricular activities. Allot ample time for student/parent questions and comments. In some instances an individual follow-up to this group session may be desirable. Attendance at the group sessions should be optional. Students (particularly those with mild disabilities) and their parents may prefer not to attend these specially organized sessions. They should not be pressured into doing so.
- Plan a similar student/parent/counselor session during the student's junior or senior year to discuss post-high school

plans. Present information regarding employment, postsecondary education, and on-the-job training opportunities. Counselors should meet individually with each student and his/her parents. Some parents may have a tendency to either underestimate or overestimate the abilities of their son or daughter. It is essential, therefore, that the counselor disseminate to the parents realistic information about the functional capacities of the young person that will bear upon future employment and other aspects of adult living. It is also absolutely necessary that parents understand that the final decisions regarding post-high school plans must be made by the student him/herself. Parents and counselors should serve in an advisory capacity only.

Inform parents of school and community services

Communications methods might include:

- Prepare and disseminate a brochure describing available school and community services for disabled students and their families. The brochure should be available in the preferred language of the parents.
- Present the school district's programs and services for the disabled at a regular PTA meeting and/or parents' council meeting.
- Organize one or more meetings at which representatives of community organizations (e.g., rehabilitation facilities, associations of the deaf, United Cerebral Palsy Associations) present their agencies' services, including information on eligibility and referral procedures.
- Conduct home visits whenever necessary for those parents who are themselves disabled or who for some other reason are unable to attend meetings or respond to regular channels of communication.

Organize a parents' council*

Experience in parent education has shown that parents are interested in problems other than their own, are supportive of one another, can be disseminators as well as recipients of information, can advocate effectively for services, and can assist school personnel in planning. A parents' council is an excellent vehicle for such activities. Guidelines for such a council include:

- Because of the low incidence of severely physically disabled students, this council may need to be organized on a district-wide basis and to encompass more than one educational level.

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* In metropolitan areas, community organizations may sponsor groups for parents of children with a particular disability. Counselors should inform parents of such groups and provide specific information regarding the organizational representative to contact.

- The council should meet on a regular basis, preferably once a month.
- A member of the counseling staff should attend meetings and serve as liaison to the school. Other school staff members (e.g., school psychologist, speech therapist, nurse, social worker, physical therapist, work experience coordinator) should also attend when their expertise would be of value.
- Functions of the parents' council may include:
    - Serve as an advisory board to assist school administrators and guidance personnel in making policy decisions regarding physically disabled students.
    - Serve as advocates for improved school and community services in such areas as educational placement decisions, job opportunities, postsecondary educational opportunities, leisure time activities, and the removal of architectural barriers. For example, a group from the parents' council might conduct an architectural barriers survey of community schools (including nearby private and public postsecondary institutions) and high priority public buildings as a first step in a campaign to reduce architectural barriers.
    - Serve as a forum to enable parents to acquire and share information relevant to raising a disabled adolescent.
- Parents themselves should be primarily responsible for program planning. Possible program topics might include:
    - Issues on living as a disabled adult (films may be used or a disabled adult may make a presentation)
    - Leisure time activities for the disabled adolescent and young adult
    - Strategies for promoting positive relationships between disabled young persons and their nondisabled siblings or peers
    - Career and educational opportunities
    - Problems of adolescence that might be heightened by disability (e.g., dating, driving, privacy, independence from parents, etc.)
    - Sex education and family living
    - Community resources that can assist disabled young persons and their families
- Program planners should bear in mind that the first meeting is critical since it sets the tone, the expectations, and the pace for those that follow. A film presentation depicting the challenges of living as a disabled young adult can serve to

stimulate discussion by parents of common concerns. A questionnaire to determine parental interests, concerns and family strengths should be distributed at the first meeting. The results of this questionnaire can be used by program planners as they plan future meetings.

- Consider organizing, as the need arises, short-term small group sessions which bring together five to ten parents who have similar concerns (e.g., parents of young persons who need to improve basic social or daily living skills, who are rebelling against following a prescribed medical regime, or who are experiencing difficulty in adjusting to an integrated school setting). The small group setting lends itself to the consideration of more socially and emotionally laden content than the larger group. A counselor, teacher, social worker, etc., should meet with this group on a weekly or bi-monthly basis. As with large group sessions, program planning should be the responsibility of the parents involved, but the counselor may provide suggestions for group techniques to encourage active parent participation.
- A newsletter prepared by parents' council members in cooperation with school personnel will provide a format for sharing concerns and disseminating information regarding educational concerns, career opportunities, leisure activities, and community services.

Solicit parental input to the school district's programs and services

The following strategies are recommended:

- Appoint parents to advisory committees concerned with curriculum planning, supportive services, elimination of architectural barriers, post-school educational and job opportunities, or other programs and services for the disabled.
- Encourage parents, either as individuals or as members of a parents' council, to recommend innovations in the school district's programs and services.
- Conduct follow-up surveys of parents of disabled high school graduates or early school leavers. These surveys can be designed to evaluate the school's overall program and specific services for the disabled, including such areas as guidance activities, curriculum, job placement, and extracurricular opportunities.

Invite parents to volunteer in the school

Assisting in the classroom and in special activities may give parents valuable insight into their own son or daughter and into day-to-day school operations. Parental assistance should not be limited to helping in their child's classes -- serving students at a different grade level or with disabilities other than those of their own child may help broaden parents' perspectives. Means of participation might be:

- Resource speakers for career orientation programs.
- Planners and/or chaperones for field trips and special events.
- Support services: teacher aides, tutors, readers for the visually impaired, interpreters for the deaf for special events.

Additional suggestions for effectively involving parents in their disabled child's educational program are discussed in the following materials:

J. Eugene Clements & Ronnie N. Alexander, Parent training: Bringing it all back home. In Focus on Exceptional Children.

Exceptional Children, entire May 1975 issue.

Merle B. Karnes & R. Reid Zehrbach. Flexibility in getting parents involved in the school. In Teaching Exceptional Children.

Edgar J. Schiller. Creative habilitation of the cerebral palsied child. In Journal of Rehabilitation.

LEGISLATION REGARDING PARENTS'* RIGHTS

In previous chapters we have identified the rights of parents to participate in developing the individualized educational program (IEP) for their child and to grant or deny consent for evaluation activities. These rights and others accorded to parents by the proposed regulations for P.L. 94-142 -- the opportunity to examine records, the right to prior notice before the state or local education agency makes any change in the educational program, the right to independent evaluation, and the right to be informed of and to initiate due process proceedings -- will be further discussed in this section. To avoid any misinterpretation, we have adhered to the language used in the proposed P.L. 94-142 regulations.

State Departments of Education and local educational agencies (LEAs) will be responsible for implementing procedures to carry out the mandates of P.L. 94-142. It is suggested that school personnel contact these agencies for further information on parent rights as mandated by P.L. 94-142, other federal laws, and state education laws.

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* The term parent, as used in P.L. 94-142 and throughout this section refers to a parent, a guardian, or a surrogate for the parent that is appointed by the state or local educational agency in accordance with state law.

Individualized educational program

The basis of educational planning is an individualized educational program, a written statement on each handicapped child that includes documentation of decisions reached about the objectives, content, implementations and evaluation of the child's educational program (see Educational Planning, pp. 163-168). It is the responsibility of each LEA to:

- Develop, or revise, whichever is appropriate, an individualized educational program for every handicapped child at the beginning of the school year, and review and if appropriate revise its provisions periodically, but not less than annually.
- Initiate and conduct meetings for developing, reviewing, and revising a child's individualized educational program. (Section 121a.222)

To assure parent participation in this process, each LEA must conduct the following activities:

- Take steps to insure that one or both of the parents of the handicapped child are present at each meeting or are afforded the opportunity to participate, including scheduling the meeting at a mutually agreed on time and place.
- If neither parent can attend, the local educational agency shall use other methods to insure parent participation, including individual or conference telephone calls.
- A meeting may be conducted without a parent in attendance if the local educational agency is unable to convince the parents that they should attend. In this case the local educational agency must have a record of its attempts to arrange a mutually agreed on time and place, such as: (1) detailed records of telephone calls made or attempted and the results of those calls; (2) copies of correspondence sent to the parents and any responses received, and (3) detailed records of visits made to the parent's home or place of employment and the results of those visits.
- The local educational agency shall take whatever action is necessary to insure that the parent understands the proceedings at a meeting, including arranging for an interpreter for parents who are deaf or whose native language is other than English. (Section 121a.224)

Evaluation

Parental consent must be obtained before an evaluation is conducted.

The term "evaluation" refers to:

- Procedures used to determine whether a child is handicapped and the nature and extent of the special education and related services that the child needs. The term means procedures used selectively with an individual child and does not include basic tests administered to or procedures used with all children in a school, grade, or class. (Section 121a.400)

The term "consent" means that the parent:

- Has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication unless it clearly is not feasible to do so;
- Understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and lists the records (if any) which will be released and to whom; and
- Understands that the granting of the consent is voluntary on the part of the parent. (Section 121a.400)

The LEA shall inform the parents of a handicapped child that they have a right to obtain an independent educational evaluation of the child.

An "independent educational evaluation" is:

- An evaluation conducted by a fully certified or licensed professional examiner who is not employed by, and does not routinely provide evaluations for, the State or local educational agency responsible for the education of the child in question. (Section 121a.403)

Parental rights regarding an independent educational evaluation are:

- A parent has the right to an independent educational evaluation at public expense if the parent disagrees with an evaluation obtained by the local educational agency. However, the local educational agency may initiate a hearing to show that its evaluation is appropriate. If the final decision is that the evaluation is appropriate, the parent still has the right to an independent educational evaluation, but not at public expense.
- If the parent obtains an independent educational evaluation at his or her own expense, the results of the evaluation: (1) must be considered by the State and local educational agency in any decision made with respect to the provision of a free appropriate education to the child; and (2) may be presented by either party as evidence at a hearing regarding the child.
- If a hearing officer requests an independent educational evaluation as part of a hearing, the cost of the evaluation must be at public expense. (Section 121a.403)

Prior notice on change in identification, evaluation, or placement

Written notice must be given to the parents of a handicapped child a reasonable time before the State or local educational agency:

- Proposes to initiate or change the identification, evaluation, or educational placement of the child or the free appropriate public education provided to the child, or
- Refuses to initiate or change the identification, evaluation, or educational placement of the child or the free appropriate public education provided to the child. (Section 121a.404)

This notice must include:

- A full explanation of all the procedural safeguards available to the parents [see "due process" below];
- A description of the action proposed or refused by the agency, an explanation of why the agency proposes or refuses to take the action, and a description of any options the agency considered and the reasons why those options were rejected;
- A description of each evaluation procedure, test, record, or report the agency uses as a basis for the proposal or refusal, and
- A description of any other factors which are relevant to the agency's proposal or refusal. (Section 121a.405)

To assure that parents understand the notice regarding the proposal or refusal to initiate or change the child's identification, evaluation, or educational placement, the notice must be:

- Written in language understandable to the general public, and
- Provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so;
- If the native language or other mode of communication of the parent is not a written language, the State or local educational agency shall take steps to insure: (1) that the notice is translated orally or by other means to the parent in his or her native language or other mode of communication; (2) that the parent understands the content of the notice, and (3) that there is written evidence that the above two requirements have been met. (Section 121a.405)

Access to records and confidentiality of information

The parents of a handicapped child shall be afforded an opportunity to examine all relevant records with respect to:

- The identification, evaluation and educational placement of the child
- The provision of a free appropriate public education to the child. (Section 121a.402)

The right to inspect and review education records includes:

- The right to a response from the participating agency to reasonable requests for explanations and interpretations of the information; and
- The right to request that the agency provide copies of the records containing the information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the information. (Section 121a.452)

If a parent believes that the information collected, maintained or used is inaccurate, misleading, or violates the privacy or other rights of the child, the parent may request that the agency maintaining the information amend the information. Within a reasonable period of time from the receipt of the request, the agency shall decide whether to amend the information in accordance with the request. If the agency decides to refuse to amend the information in accordance with the request, it shall inform the parent of the refusal, and advise the parent of the right to a hearing. (Section 121a.457)

The rights of parents and children regarding confidentiality of information (that is collected, maintained, or used by an agency involved in implementing the P. L. 94-142 regulations) are specified in Section 121a.461 of the regulations. These rights are subject to Part 99 of the Family Educational Rights and Privacy Act of 1974 and implementing regulations. Rights are also delineated in Section 438 of the General Education Provisions Act. The State educational agency must give notice to fully inform parents of these rights. It is essential that guidance personnel contact their State Department of Education to ascertain their responsibilities regarding any information collected on the child.

Due Process

Parents must be informed of their right to initiate an impartial due process hearing regarding a State or LEA proposal or refusal to initiate or change the identification, evaluation, or educational placement of the child or the free public education provided to the child. (Section 121a. 406) The hearing must be conducted by the State or local educational agency, as determined under State statute, State regulation, or a written policy of the State educational agency.

Any party to a hearing has the right to:

- Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of handicapped children.
- Present evidence and confront, cross-examine, and compel the attendance of witnesses.
- Obtain a written or electronic verbatim record of the hearing.
- Obtain written findings of fact and decisions. (Section 121a.408)

If the hearing is conducted by a local educational agency, any party aggrieved by the findings and decision in the hearing may appeal to the State educational agency. The State educational agency shall then conduct an impartial review of the hearing. The official conducting the review shall:

- Examine the entire hearing record.
- Insure that the procedures at the hearing were consistent with the requirements of due process.
- Afford the parties an opportunity for oral argument.
- Make an independent decision on completion of the review. (Section 121a.410)

A party who is aggrieved by the findings and decision made in a hearing, but who does not have the right to the abovementioned impartial review of the hearing, may bring a civil action. A civil action can also be brought by a party aggrieved by the decision arrived at in the impartial review of the hearing. (Section 121a.411)

During the pendency of any administrative or judicial proceeding regarding a complaint, unless the State or local educational agency and the parents of the child agree otherwise, the child involved in the complaint must remain in his or her present educational placement. If the complaint involves an application for initial admission to public school, the child, with the consent of the parents, must be placed in the public school program until the completion of all the proceedings. (Section 121a.413)

PARENT INVOLVEMENT MATERIALS

Ayrault, Evelyn West. Helping the handicapped teenager mature. New York: Association Press, 1974. $6.95.

Buscaglia, Leo. The disabled and their parents: A counseling challenge. Thorofare, New Jersey: Charles B. Slack, Inc., 1975. $8.95.

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Karnes, Merle B. & Zehrbach, R. Reid. Flexibility in getting parents involved in the school. Teaching Exceptional Children, 1972, 5 (1), 6-19.

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Stewart, Jack C. Counseling parents of exceptional children: Principles, problems, and procedures. New York: MSS Educational Publishing Company, 1974.

Vocationally oriented school planning for the handicapped. Montpelier, Vermont: Vermont State Department of Education, Office of Federal Programs, Title III-IV Division, 1976. $4.00. Limited supply available. Will be entered in the ERIC system by late 1977.

PART II

RESOURCE SECTION

APPENDIX 1

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PREFACE

This part of the manual identifies sources of information, materials, and direct services which exist at both national and state levels. It is arranged as follows:

- National Resources, which is divided into
    - National Organizations
    - National Directories of Services and Materials
- State Resources, which lists both organizations and directories (where known) for each state.

Both the national and state sections begin with introductory information and explanations of format, terms, etc. State Resources also presents information about resource-seeking in general, not just about the specific resources that are listed. Note that readers will receive only the resource listing for their particular state, unless they request resource listings for other states.

Inclusion of organizations and directories does not imply approval nor does exclusion imply disapproval. Rather, for the most part, we have included information provided to us by those organizations which responded to our requests about resources.

Every effort has been made to ensure accuracy of information at the time of this writing, but please be aware that conditions do change: some directories will not be available, some phone numbers will change, and some services will be modified.

Resources such as those listed here can facilitate program planning and contribute to the quality of services delivered. We encourage the reader to make optimal use of the available materials and services.

NATIONAL RESOURCES

This section identifies organizations and directories which are national in scope. National organizations range in their functions and services from those which are essentially administrative headquarters for their state/local affiliates to ones which actually provide direct services themselves. National organizations may or may not have state/local affiliates.

Why contact organizations at a national level? National organizations:

- Are often excellent sources of print and nonprint materials on specific disabilities and related topics
- Can supply the address of the nearest chapter or affiliate
- May direct inquirers to appropriate facilities and services in their localities
- Sometimes provide consultation and/or inservice training
- May offer ongoing benefits through membership.

In addition, a number of national directories are identified in order to:

- Expand the amount of potential information available to the reader
- Assist the reader in locating national organizations which are not included in our National Organizations listing
- Provide information on materials disseminated on a nationwide basis.

National organizations

A short annotation is given for each entry. These annotations highlight the functions and services which appear to be especially pertinent to the focus of this manual, and they do not necessarily include the full spectrum of information and direct services offered by any particular organization. Likewise, if one of the disability groups served is beyond our purview (e.g., mentally retarded, emotionally disturbed), the disability is usually not indicated.

Information for annotations was taken either from direct correspondence with the organization or from current literature promulgated by the organization.

In using this section the reader should note the following:

- The position or office noted beneath the address indicates where to direct an initial inquiry:

E. g., Muscular Dystrophy Association
810 7th Avenue
New York, NY 10019
Direct your initial inquiry to → Director of Patient and Community Service

- Fees for materials and services are not always indicated.
- "Referral," as used here, indicates that the organization provides information about specific facilities and services; "referral" does not imply that the organization will actually make the referral.
- Direct services listed may be offered by state/local affiliates and not necessarily by the national office. In most cases this has been noted in each entry.

National directories of services and materials

Date of publication, number of pages (where known), cost, source, and annotations are cited for each directory. The annotation highlights aspects of the directory which are pertinent to the focus of this manual.

We have attempted to indicate the most recent or forthcoming edition. Most of the directories listed here are revised fairly regularly, so when requesting a copy, it is wise to ascertain whether a new edition has been or is about to be issued. Other points to note:

- Annotations are based on reviews of the current edition. In some cases we indicate that a new edition is forthcoming; please note that the new edition may have slightly different coverage.
- Prices are current but are subject to change.
- We have included several directories which are not exclusively disability-related but which do include relevant resources.
- Information in directories becomes outdated.

NATIONAL ORGANIZATIONS

ACCENT ON INFORMATION

P. O. Box 700
Bloomington, IL 61701 (309) 378-4213
Information Specialist

A computerized information system whose data base includes materials on medical aspects of disabilities; psychosocial factors related to disability; vocational guidance and job placement; and especially, assistive devices and equipment; also "how-to" information for persons with all types of physical disabilities. A search fee is usually charged.

Published at the same address is Accent on Living, a quarterly publication, providing news and self-help information on all activities of daily living and related subject areas for disabled persons.

ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF, INC.

3417 Volta Place, N. W.
Washington, DC 20007 (202) 337-5220

An organization which advocates improved educational programs for hearing impaired children, including the maximum opportunity for them to learn to speak, to use their residual hearing, and to integrate into the educational and vocational mainstream.

Members include hearing impaired persons, parents, educators, and researchers. Most services are available to nonmembers also.

Provides information on hearing impairments through the many books and pamphlets it distributes on topics such as speechreading, auditory training, hearing aids, speech. Publishes the journal Volta Review and World Traveler, a high-interest, low-vocabulary magazine with photographs, designed to improve language and reading skills.

Operates the Volta Bureau Library, a large collection of materials on deafness. Nonmembers may use the library, but only members may borrow some publications by mail.

Advises state, district, and local school boards, administrators, and teachers. Conducts inservice workshops for personnel working with hearing impaired individuals.

Assists parents in locating appropriate educational programs for their children.

Offers scholarships to students for postsecondary study.

AMERICAN ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, AND RECREATION

1201 16th Street, N. W.
Washington, DC 20036 (202) 833-5547
Consultant, Programs for the Handicapped
or Director of Public Information

Emphasis is in areas of health, physical education, recreation, sports, dance, safety, camping, outdoor education, and aquatics for persons with all types of disabilities.

Maintains library and resource center containing periodicals, program descriptions, bibliographies, curriculum bulletins, and other materials in areas emphasized. Publishes pertinent materials.

Offers consultation to state and local agencies. Conducts workshops and inservice training institutes relative to physical education for disabled persons and mainstreaming of disabled persons into regular physical education and community recreation programs.

AMERICAN ASSOCIATION OF WORKERS FOR THE BLIND

1511 K Street, N. W., Suite 637
Washington, DC 20005 (202) 347-1559
Executive Director

Provides information, through both its national office and local chapters, about psychosexual factors related to blindness; job placement; aids and equipment; and agencies to which visually impaired persons can be referred for career-related services and also for personal counseling.

Provides consultation to guidance personnel on a limited basis; some consultation regarding architectural barrier removal, job placement, and advocacy for legal rights.

AMERICAN CANCER SOCIETY, INC.

777 Third Avenue
New York, NY 10017 (212) 371-2900

A voluntary health organization with local divisions and units. Services originate from local units for cancer patients and their families, professionals, and other concerned individuals.

Local units provide information about medical facts of cancer and about the availability of community medical and social resources.

Offer counseling for the emotional, economic, and physical problems often imposed by cancer (including ostomies).

Other services include loan of supplies and equipment and transportation for medical treatment.

AMERICAN COUNCIL OF THE BLIND, INC.

501 North Douglas Avenue
Oklahoma City, OK 73106 (405) 232-4644

A nationwide advocacy organization, comprised primarily of blind individuals. Has state affiliates.

Offers consultation on legislation affecting the blind (maintains office in Washington).

Provides information, through its national office, regarding agencies to which blind persons can be referred for personal counseling.

AMERICAN DIABETES ASSOCIATION, INC.

1 West 48th Street
New York, NY 10020 (212) 541-4310

An organization of professionals and other concerned persons. State and local affiliates provide direct services, especially those which assist diabetic persons in managing their lives through information and understanding of diabetes. Some affiliates operate camps for diabetic youth and have other youth-oriented programs. (See State Resources listings for addresses and services of numerous state affiliates.)

Publishes many materials for professionals and for diabetic persons and their families, including information on diet and cooking, careers and employment, medical and psychosocial factors, as well as a bimonthly magazine, Diabetes Forecast.

AMERICAN FOUNDATION FOR THE BLIND

15 West 16th Street
New York, NY 10011 (212) 924-0420

An organization which offers a variety of services both for visually impaired persons and their families and for professionals.

Provides information on many topics, including psychosocial factors related to blindness, vocational guidance, job placement, and aids and equipment.

Publishes pamphlets, monographs, journals, curriculum guides and other types of publications related to visual impairments. Some are also available in braille. Offers referrals to agencies for career-related services and for personal counseling.

Provides consultation, program planning assistance, and inservice training to guidance personnel and teachers. Can include assistance with architectural barrier removal.

Sells aids, appliances and equipment which assist visually impaired individuals in daily living, education, work, and recreation. (Catalog available.)

Regional offices in Chicago, Atlanta, Denver, and San Francisco; legislative office in Washington, DC.

AMERICAN LUNG ASSOCIATION

1740 Broadway
New York, NY 10019 (212) 245-8000
Program/Medical Services

A federation of state and local associations of physicians, nurses, and other individuals interested in the prevention and control of lung diseases, particularly chronic obstructive pulmonary disease and tuberculosis.

Provides information about lung diseases.

Local chapters offer referral services to appropriate agencies.

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.

6000 Executive Boulevard
Rockville, MD 20852 (301) 770-2200

A professional organization with state chapters. If counselors have students who might benefit from occupational therapy, counselors can contact state chapters to arrange consultation.

National office has a film Help me be me about a student receiving occupational therapy. Appropriate for educational personnel; available on a rental basis.

AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION

1607 New Hampshire Avenue, N. W.
Washington, DC 20009 (202) 483-4633

A membership organization with several divisions, including American Rehabilitation Counseling Association, American School Counselor Association, and National Vocational Guidance Association. Has state and local chapters.

Publishes and disseminates several periodicals (including an official journal of each division) and numerous books, pamphlets, films, and cassettes on counseling issues, e.g., counseling approaches, careers and career guidance.

Conducts professional development workshops.

AMERICAN PHYSICAL THERAPY ASSOCIATION

1156 15th Street, N. W., Suite 500
Washington, DC 20005 (202) 466-2070
Department of Educational Affairs

Services offered primarily to persons with neuromuscular/orthopedic, visual, and cardiopulmonary disabilities.

Involved in the provision of physical therapy services within school settings. Offers consultation to educational personnel.

State and local chapters provide information on medical aspects of various disabilities; aids, appliances, and equipment; and the availability of physical therapy services.

AMERICAN PRINTING HOUSE FOR THE BLIND

P. O. Box 6085
1839 Frankfort Avenue
Louisville, KY 40206 (502) 895-2405

Produces and distributes in braille, large type, and/or recorded formats: fiction and nonfiction books, textbooks, tests, magazines, and music. Also sells educational aids (e.g., relief maps and biological models) and equipment (e.g., braillewriters and braille slates). Catalogs and brochures, which include prices, are available.

Instructional Materials Reference Center of APHB serves as a clearinghouse for educational materials for visually handicapped students (blind and partially sighted). Maintains the Central catalog of volunteer produced textbooks, AMERICAN PRINTING HOUSE FOR THE BLIND -- *Continued*

which identifies the sources of these books. (Central catalog is also available at other locations, such as Regional Libraries for the Blind and Physically Handicapped and State Departments of Education.) Responds to requests for information about specific educational materials. Maintains a mailing list to keep educational personnel informed about available materials.

AMERICAN PUBLIC HEALTH ASSOCIATION

1015 18th Street, N. W.
Washington, DC 20036 (202) 467-5000

A membership organization which publishes periodicals, books, reports, and other materials on various topics, including communicable diseases, health programming, current health issues.

AMERICAN SPEECH AND HEARING ASSOCIATION

9030 Old Georgetown Road
Washington, DC 20014 (301) 530-3400

A scientific and professional organization devoted to encouraging study of human communication and its disorders and to fostering improvement of clinical services to individuals with these disorders.

Publishes several journals and a pamphlet entitled A reference list: Speech, language and hearing, which suggests reading materials for parents, educational personnel, and handicapped individuals.

ASHA is the national accrediting body for speech pathology and audiology programs and services.

ARCHITECTURAL AND TRANSPORTATION BARRIERS COMPLIANCE BOARD

Mary E. Switzer Building, Rm. 1010
330 C Street, S. W.
Washington, DC 20201 (202) 245-1591
Public Information Office

Created by Congress primarily to ensure compliance with standards prescribed under federal laws which require that all buildings and facilities owned, occupied, or financed (wholly or in part) by the U. S. government be accessible to and usable by physically handicapped persons.

Any individual adversely affected by architectural and transportation barriers covered under federal laws can register a complaint with the Board, which is authorized to investigate noncompliance.

Offers consultation regarding removal of architectural barriers.

Distributes pertinent publications.

ARTHRITIS FOUNDATION

475 Riverside Drive
New York, NY 10027 (212) 678-6363

Has state and local chapters which work with medical professionals in dealing with the problems of persons with arthritis (including children and young adults). Chapters make referrals to local sources of services.

ASSOCIATION FOR CHILDREN WITH LEARNING DISABILITIES

5225 Grace Street
Pittsburgh, PA 15236 (412) 881-1191
Executive Secretary

A federated organization of state and local affiliates whose membership includes parents, professionals, and concerned citizens.

Resource Center at the national office sells books, reports, pamphlets, instructional materials on a wide variety of related topics, e.g., medical facts regarding learning disabilities, vocational guidance. (Some information available from state and local affiliates also.) Films available for rental include a few which focus on learning disabled adolescents.

Information and referral provided by the national office and local affiliates to parents and professionals seeking assistance regarding a child who may be learning disabled. Also, referrals made for career-related and personal counseling services for learning disabled adolescents.

State affiliates offer consultation to school systems on the planning and implementation of programs for identification and remediation.

Assumes an advocacy role on pending legislation affecting learning disabled persons.

ASSOCIATION FOR EDUCATION OF THE VISUALLY HANDICAPPED

919 Walnut Street
Philadelphia, PA 19107 (215) 923-7555

A professional association for persons who work with visually impaired children. Some local chapters.

Attempts to provide reference and informational material to educators, parents, and other interested persons.

Issues conference papers and a periodical.

B'NAI B'RITH CAREER AND COUNSELING SERVICES

1640 Rhode Island Avenue, N. W.
Washington, DC 20036 (202) 393-5284

National office publishes and sells many materials on career guidance and counseling, including an annotated bibliography of current literature on educational and vocational guidance (issued quarterly). A few materials relate specifically to persons with disabilities.

Field offices, in various locations throughout

B'NAI B'RITH CAREER AND COUNSELING SERVICES -- *Continued*

the U. S., offer career counseling, including testing, to youth and adults (not specifically directed towards disabled persons). Nominal fees charged.

BOY SCOUTS OF AMERICA -- SCOUTING/USA

National Council
Route 1
North Brunswick, NJ 08902 (201) 249-6000
Educational Service Relationship Division

Participation in scouting is open to youths with almost all types of disabilities -- visual, hearing, neuromuscular, orthopedic, etc. Scouting materials are available in braille, large type, cassette, and tape.

Vocational guidance is offered through the Explorer Program (for young adults aged 15-20).

CENTER ON HUMAN POLICY

216 Ostrom Avenue
Syracuse, NY 13210 (315) 423-3851
Director

An advocacy organization involved in the national movement to ensure the rights of people with special needs. Committed to fundamental social change in the areas of education, vocational and rehabilitative programming, and residential services for people with disabilities.

All types of disabilities are within its scope.

Provides information about vocational guidance; job placement; aids, appliances, and equipment; and legal rights, especially regarding education.

Makes referrals to agencies for career-related services.

Offers legal advocacy for hearings and lawsuits.

Provides consultation to public schools on the integration of students with disabilities. Offers workshops on citizen advocacy, tools for change, etc.

Disseminates books, slide shows, and pamphlets through its Human Policy Press.

CLOSER LOOK -- NATIONAL INFORMATION CENTER FOR THE HANDICAPPED

Box 1492
Washington, DC 20013 (202) 833-4160

Offers practical advice on how to find educational programs and other kinds of special services for handicapped children and youth. Information services are designed especially for parents but are available to professionals on a limited basis.

Responds to requests from parents with information packets that include background pamphlets on handicapping conditions, suggested steps to take to locate services, facts about laws affecting handicapped persons, lists of helpful organizations, and suggested reading. (Parents requesting information should provide facts about handicapping condition, age, school situation, and the type of assistance they are seeking so that responses can be pertinent and as individualized as necessary.)

Provides professionals with a list of publications on specific handicapping conditions.

Offers technical assistance to consumer groups in conducting workshops and to parents in organizing themselves into a group.

COUNCIL FOR EXCEPTIONAL CHILDREN

1920 Association Drive (703) 620-3660
Reston, VA 22091 (800) 336-3728

An organization with local and state chapters as well as an active national office. In addition to general membership, there are several divisions for persons interested in particular aspects of special education, such as educational diagnostic services, communication disorders, visual handicaps. Most CEC services are available to both members and nonmembers.

Publishes a variety of educational materials in both print and nonprint media. Currently this includes materials on P. L. 94-142 (Education For All Handicapped Children Act), mainstreaming, nondiscriminatory testing, career education. Also issues periodicals.

Remains abreast of pertinent national and state legislative and judicial developments and can so inform interested persons.

CEC Center for Technical Assistance, Training, and Information on the Exceptional Person offers several services to school personnel, usually on a fee basis, including: consultation to help solve specific short term problems; inservice training programs; short workshops available either as prepared packages or with a CEC staff person; institutes for developing certain skills and techniques and conducted by CEC staff. Information services include individualized literature searches and preselected topical bibliographies dealing with current issues.

CYSTIC FIBROSIS FOUNDATION

3379 Peachtree Road, N. E.
Atlanta, GA 30326 (404) 262-1100

An organization with local chapters. (See State Resources listings for locations and services of some chapters.) Concerned with cystic fibrosis, asthma with lung damage, chronic bronchitis, and other lung diseases, as well as related digestive system disorders.

Operates more than 100 medical centers throughout the U. S. which provide diagnosis and treatment.

Provides information about medical and psychosocial aspects of the disability, counseling, CYSTIC FIBROSIS FOUNDATION -- *Continued*

career guidance, and aids and equipment available locally. Pamphlets available include a teacher's guide and one dealing with the genetics of CF.

Can refer disabled persons to agencies for career-related services and for personal counseling.

Has established a Young Adult Program, which focuses on vocational and life adjustment issues facing young adults with cystic fibrosis. Produces related publications and a newsletter and currently preparing a pamphlet specifically for high school/college teachers and guidance counselors regarding students with CF (forthcoming, Fall 1977). A number of chapters have young adult coordinators (who themselves have CF), acting as communication links between the national organization and young persons.

DISABILITY RIGHTS CENTER

1346 Connecticut Avenue, N. W., Suite 1124
Washington, DC 20036 (202) 233-3304

Persons with all types of disabilities can receive information about their legal rights, especially in relation to Section 501 (affirmative action in federal employment) of the Rehabilitation Act of 1973.

The Center also monitors the manufacture and distribution of medical devices, e.g., wheelchairs, prostheses, especially with regard to the degree of responsiveness of the medical device industry to the special needs of persons using its products.

EPILEPSY FOUNDATION OF AMERICA

1828 L Street, N. W., Suite 406
Washington, DC 20036 (202) 293-2930
Advocacy and Client Referral

Provides information on many issues, e.g., medication, legal rights, employment; also refers inquirers to their nearest state affiliate and to other resources.

Publishes many materials for epileptic persons and their families and for professionals, including information on the medical and psychosocial factors related to seizures. Has compiled a package of materials specially designed for use in schools: Epilepsy school alert kit. A film is also available on a rental basis.

Direct services, such as self-help groups, training programs for professionals, low-cost medications, etc. are offered by affiliates. (See State Resources listings for locations and services of some affiliates.)

GALLAUDET COLLEGE

7th and Florida Avenue, N. E.
Washington, DC 20002 (202) 447-0475
Public Service Programs

Public Service Programs was established to extend the resources of Gallaudet to deaf persons and professionals working with deaf persons throughout the U. S.

Conducts workshops and conferences for parents and/or educational personnel on family life, sign vocabulary for technical-vocational instruction, day-class programs, etc. Offers community leadership training to deaf adults.

Distributes publications to deaf young adults to help them better understand deafness and hearing.

Attempts to respond to all inquiries relative to deafness.

Also, Gallaudet College Bookstore (same address, phone 447-0556) stocks numerous books and visual aids for learning sign language, as well as literature by and about deaf persons. (Catalog and mail orders available.)

GIRL SCOUTS OF THE U.S.A.

830 3rd Avenue
New York, NY 10022 (212) 751-6900

Girls with all types of disabilities are eligible to be Scouts through grade 12. Scouting handbooks are available in braille.

HUMAN GROWTH FOUNDATION

Maryland Academy of Science Building
601 Light Street
Baltimore, MD 21230

Concerned with short stature and dwarfism. Has local chapters.

Information about medical and psychosocial factors relevant to severe growth problems is available at both the national and local levels to parents, physicians, and other concerned persons.

Some local chapters can provide information about agencies which offer career-related and personal counseling services to short-statured persons.

Local chapters may offer social and recreational programs.

INTERNATIONAL ASSOCIATION OF PARENTS OF THE DEAF, INC.

814 Thayer Avenue
Silver Spring, MD 20910 (301) 585-5400

A membership organization of parents and interested friends.

Issues a number of publications for deaf adolescents and parents, including sign language materials.

Provides information on instructional materials; attempts to refer parents to appropriate agencies.

INTERNATIONAL PARENTS' ORGANIZATION

Alexander Graham Bell Association
3417 Volta Place, N. W.
Washington, DC 20007 (202) 337-5220
IPO Staff Coordinator

An organization of local groups of parents of hearing impaired children. Affiliated with Alexander Graham Bell Association (see p. 431 for additional information).

Both the national office and local chapters provide information on psychosocial aspects of hearing impairments, vocational guidance, job placement, and aids and equipment; offer referrals to agencies for personal counseling and vocational services.

National office provides legal advocacy.

INTERNATIONAL REHABILITATION FILM REVIEW LIBRARY

20 West 40th Street
New York, NY 10018 (212) 869-0460

Reviews and selects rehabilitation films made outside the U. S. and makes them available for a nominal rental fee to interested organizations and groups in this country. Films focus on many types of disabilities (e.g., blindness, cerebral palsy, amputation, spina bifida) and topics (e.g., aids to daily living, recreation and sports, sexuality, employment).

Catalog and periodic supplements are available free and give a synopsis and reviewers' comments of each film listed.

JUNIOR NATIONAL ASSOCIATION OF THE DEAF

Gallaudet College
7th and Florida Avenue, N. E.
Washington, DC 20002 (202) 447-0741

Youth section of the National Association of the Deaf (although it operates independently). Membership is open to all secondary and college students, ages 14-21; students with hearing impairments and language disorders resulting from deafness, as well as hearing students who can communicate manually, are welcome. Encourages members to develop their individual potential through contribution to school and community.

Has chapters in many schools and programs for deaf students.

Disseminates information in the following areas: 1) education, including formal education of deaf youth and education of personnel working with them; 2) employment, including placement, vocational rehabilitation and training, rights, hiring regulations, and special needs of the deaf employee; and employment of personnel working with the deaf; 3) psychosocial services; and 4) recreation/physical education. Fees are charged for some bibliographies, abstracts, and indexes.

Refers inquirers to other information centers and direct services where appropriate.

Sponsors a Youth Leadership Camp annually to foster the development of leadership qualities, self-motivation, direction, and initiative in outstanding deaf students.

LIBRARY OF CONGRESS

Division for the Blind and Physically Handicapped
1291 Taylor Street, N. W.
Washington, DC 20542 (202) 882-5500
Reference Section

Administers a free national library service providing braille, large type, and recorded materials for children and adults unable to read or use standard print because of visual or other physical limitations (e.g., paralysis, lack of muscle coordination, prolonged weakness).

Distributes books, such as bestsellers, "how-to" publications, and magazines through a network of Regional and Subregional Libraries throughout the U. S. (See State Resources listings for locations of Regional Libraries.)

Loans appropriate equipment and accessories.

Circulates music materials, including braille and large type music scores, recorded music books, and beginning instructions for certain instruments on cassettes.

Provides information on medical and psychosocial aspects of visual impairments and other physical disabilities; vocational guidance; aids, appliances, and equipment; and agencies which offer personal counseling and vocational services.

MAINSTREAM, INC.

1200 15th Street, N. W.
Washington, DC 20005 (202) 833-1136

An organization established to assist in the mainstreaming of disabled persons in education, employment, and other areas.

Developing multi-media presentations for educators, parents, disabled children and their nondisabled peers to increase awareness of issues and deal with concerns of each group.

Conducts accessibility surveys of facilities to determine the most economic approach to architectural barrier removal.

Publishes a newsletter on affirmative action for the handicapped.

Organizes conferences to discuss federal regulations regarding employment, education, and participation of the handicapped.

MATERIALS DEVELOPMENT CENTER

Stout Vocational Rehabilitation Institute
University of Wisconsin - Stout
Menomonie, WI 54751 (715) 232-1342
MDC Information Service

National central source for the collection, development, and dissemination of materials and information on vocational evaluation and work adjustment. Provides information services to professionals working with persons with all types of disabilities.

Publications, sound-slides, filmstrips, cassettes, and films, as well as manuals for developing work samples, are available. Some information on personal adjustment counseling is also available.

MATERIALS DEVELOPMENT CENTER -- *Continued*

Issues free newsletter. Provides complimentary and loan materials to rehabilitation facilities which offer evaluation and adjustment services. Other facilities and individuals may buy publications and rent audio-visual materials.

MENTAL HEALTH ASSOCIATION

1800 North Kent Street
Arlington, VA 22209 (703) 528-6405
Information Services

Provides information about various aspects of mental illness.

State and local chapters can refer persons to agencies for personal counseling.

State and local chapters offer consultation to educational personnel.

MUSCULAR DYSTROPHY ASSOCIATION, INC.

810 7th Avenue
New York, NY 10019 (212) 586-0808
Director of Patient and Community Services

A voluntary health agency of science professionals and concerned citizens created to combat neuromuscular diseases, including muscular dystrophy, myositis, juvenile progressive spinal muscular atrophy, and Friedreich's ataxia.

Has established out-patient clinics throughout the U. S. to provide diagnosis, treatment, counseling, follow-up care. Genetic counseling is usually available.

Issues pamphlets on neuromuscular diseases.

Direct services are provided by over [illegible]00 local chapters. (See State Resources listings for locations and services of some chapters.) Physician's authorization is needed to qualify for patient services, which include: orthopedic appliances and aids, physical therapy, transportation, recreational activities.

Local chapters are often willing to discuss neuromuscular diseases and related issues with school personnel.

NATIONAL AMPUTATION FOUNDATION, INC.

12-45 150th Street
Whitestone, NY 11357 (212) 767-0596
Executive Secretary

Provides personal and vocational counseling for amputees, as well as making referrals to other agencies which offer these services.

Offers job placement services; aids and equipment; legal advocacy; and transportation.

Supplies information about medical and psychosocial factors related to the loss of a limb; vocational guidance and job placement; and aids and equipment.

NATIONAL ARTS AND THE HANDICAPPED INFORMATION SERVICE

Box 2040
Grand Central Station
New York, NY 10017 (212) 751-6214

Provides information that can be used to make arts programs and facilities more available to persons with all types of disabilities. Information packets cover a variety of topics, e.g., art for handicapped students in schools, funding sources, architectural accessibility. No fee for enrollment in service. Information packets are free; other publications, cost.

NATIONAL ASSOCIATION FOR HEARING AND SPEECH ACTION

814 Thayer Avenue
Silver Spring, MD 20910 (301) 588-5242

National headquarters and member organizations (hearing and speech agencies) offer services which include: hearing tests, speechreading instruction, auditory training, hearing aid consultation, vocational guidance, and recreational programs for social adjustment.

Assists in organizing community services for hard of hearing persons.

Conducts an educational program regarding hearing problems and good hearing health practices.

NATIONAL ASSOCIATION FOR VISUALLY HANDICAPPED

305 East 24th Street, 17-C
New York, NY 10010 (212) 889-3141

An organization concerned with partially sighted children and adults.

Distributes books, including texts, in large type to persons unable to use conventional reading materials.

Makes referrals to agencies for vocational and personal counseling.

Offers social and recreational programs.

National office, regional office in San Francisco, and local chapters provide information about medical aspects of partial sight and about visual aids, such as optical magnifiers.

NATIONAL ASSOCIATION OF THE DEAF

814 Thayer Avenue
Silver Spring, MD 20910 (301) 587-1788
Public Information Officer

A consumer organization with affiliated state associations, dedicated to protecting and defending the rights of deaf people. Membership includes deaf individuals and their families, professionals, and other concerned persons.

Many publications and films on deafness and sign

NATIONAL ASSOCIATION OF THE DEAF -- *Continued*

language are available for purchase. NAD also responds to requests for information on such topics as legal services, educational programs, vocational guidance, aids and equipment, and psychosocial factors related to deafness.

Provides referrals to direct client services throughout the U. S.

Promotes consumer involvement in development of programs for deaf people.

NAD Communicative Skills Program develops sign language materials and offers consultation and sign language training to personnel in agencies working with deaf individuals. Workshops and inservice training can also include orientation to deafness. Fees charged.

NATIONAL ASSOCIATION OF THE PHYSICALLY HANDICAPPED, INC.

76 Elm Street
London, OH 43140

A membership organization of physically handicapped persons, 16 years old and over. An independent, self-help action group with local chapters. Purpose is to improve the social, economic, and physical welfare of all physically handicapped persons.

Activities cover a broad range, including: eliminating architectural barriers in public buildings; proposing and supporting legislation relating to handicapped persons; and encouraging employment opportunities.

NATIONAL BLINDNESS INFORMATION CENTER

Dupont Circle Building, Suite 212
1346 Connecticut Avenue, N. W. (202) 785-2974
Washington, DC 20036 (800) 424-9770

An information and referral service of the National Federation of the Blind. Provides general information about blindness and refers persons requesting specific services to appropriate state and local agencies and organizations.

NATIONAL BRAILLE ASSOCIATION, INC.

85 Godwin Avenue
Midland Park, NJ 07432 (201) 447-1484

Operates Braille Book Bank which provides thermoform copies of college-level texts and career-related books (e.g., computer programming materials). Does not serve high school students but is mentioned here so that counselors can inform their college- and career-bound blind students about the existence of this service.

One exception where high school students might be served is music braille. If students need music materials unavailable elsewhere, copies might be provided.

NATIONAL CENTER FOR A BARRIER FREE ENVIRONMENT

8401 Connecticut Avenue, N. W.
Washington, DC 20015 (703) 620-2731

Established to coordinate a national effort to eliminate architectural barriers for all disabled persons.

Provides information on developing an environment free of barriers through its bimonthly Report and through its clearinghouse, which offers materials on all aspects of barrier free design to professionals, disabled persons, employers, and other interested and concerned persons.

Will assist academic institutions and other facilities directed by federal legislation to provide accessible facilities.

NATIONAL CENTER FOR LAW AND THE DEAF

7th and Florida Avenue, N. E. (202) 447-0445
Washington, DC 20002 Voice/TTY

Established to develop and provide legal representation, services, and information to the deaf community.

Acts as legal advocate in actions against unfair and discriminatory practices concerning, e.g., jobs, qualified interpreters at legal proceedings, TV captioning.

Conducts educational workshops for deaf persons on their legal rights. Has speakers available.

Attempting to improve opportunities for deaf students to enter law school through its Law School Orientation Workshop which provides information and advice about law school and the legal profession. Also working with law schools to increase their awareness of the need for deaf lawyers.

Publishes newsletter to disseminate information to interested persons about legal rights, actions, and needs (written in readable style, not legalese).

NATIONAL CENTER FOR LAW AND THE HANDICAPPED, INC.

1235 North Eddy Street
South Bend, IN 46617 (219) 288-4751

Offers information and referral on legal issues and regulations affecting persons with all types of disabilities. Refers individuals with specific inquiries to advocacy groups, public interest groups, etc. for appropriate action.

Organizes and conducts legal workshops and also participates in conferences and workshops sponsored by other groups throughout the U. S.

Publishes Amicus, a periodical which is comprehensible to non-lawyers and which focuses on legal rights, regulations, and actions concerning handicapped persons. Conducts legal research in related areas.

NATIONAL CENTER ON EDUCATIONAL MEDIA AND MATERIALS FOR THE HANDICAPPED (NCEMMH)

Ohio State University
Columbus, OH 43210 (614) 422-7596
Information Specialists

A network to identify, develop, provide information about, and distribute instructional materials and educational technology resources appropriate for children and adolescents with all types of handicaps, e.g., visual, hearing, orthopedic. Materials include:

- audiovisual educational media, e.g., films, recordings, slide tapes, instructional kits, programs for teaching machines
- other nonprint or mixed media items, e.g., educational games, film-plus-book sets
- books and other printed materials.

NCEMMH distributes bibliographies, catalogs, manuals, newsletter, and other sources of information about educational materials. Includes information to assist school personnel in adapting and creating materials, e.g., adapting sound filmstrips for use with deaf students.

Information about materials is also available through the National Instructional Materials Information System (NIMIS), a computerized retrieval system operated by NCEMMH and designed to assist teachers, parents, and others in locating information about appropriate instructional materials for specific students. Materials not available locally can be loaned or rented from the Special Office for Materials Distribution of NCEMMH. If a person is unfamiliar with how to use materials in a particular format, assistance is provided.

NCEMMH is currently composed of 13 regional centers and four Specialized Offices (three Offices select and evaluate materials, as well as develop new materials, while the fourth circulates the materials to users).

NATIONAL COUNCIL FOR THERAPY AND REHABILITATION THROUGH HORTICULTURE

Mount Vernon, VA 22121 (703) 768-5700

A membership organization created to promote and encourage development of horticulture and related activities as a therapeutic and rehabilitation medium for persons with all types of handicapping conditions.

Serves as a clearinghouse and resource for professionals involved with handicapped persons who are working with plants in both vocational and avocational programs.

NATIONAL EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS

2023 West Ogden Avenue
Chicago, IL 60612 (312) 243-8400
Information Center

Provides services for persons with many types of disabilities, including neuromuscular, orthopedic, visual, and hearing.

Offers information at the national level by the many publications available to professionals and consumers in the following areas: medical and psychosocial aspects of disabilities; career guidance; job placement; aids and equipment; barrier-free design; recreation and camping; daily living activities; and more. Many bibliographies also available.

National office offers consultation regarding architectural barrier removal.

State and local chapters offer many services, such as physical therapy, speech and hearing therapy, daily living skills instruction, orthopedic equipment, camping and other recreational activities. Many chapters also operate statewide information, referral, and follow-up programs. (See State Resources listings for locations of a number of state chapters.)

NATIONAL FEDERATION OF THE BLIND

218 Randolph Hotel Building
Des Moines, IA 50309 (515) 243-3169

An organization whose purpose is the integration of blind persons into society on a basis of equality. Has state and local chapters.

Publishes Braille Monitor, which discusses issues important to blind persons. Available in braille, in print, and on tape.

Awards scholarships to blind students.

Gives assistance, through negotiation, legal action, and other means, to blind persons who have been denied their rights or are victims of discrimination.

Local chapters help newly blinded persons with problems of adjustment and orientation.

NATIONAL FOUNDATION--MARCH OF DIMES

1275 Mamaroneck Avenue
White Plains, NY 10605 (914) 428-7100

Primary interest is prevention of birth defects and improving prenatal care during pregnancy; however, offers some educational programs at the local level for pregnant adolescents and for young parents.

NATIONAL HANDICAPPED SPORTS AND RECREATION ASSOCIATION

4105 East Florida Avenue
Denver, CO 80222 (303) 757-3381
President

An organization (with local chapters) of disabled persons who enjoy participation in active recreational activities, such as skiing, tennis, horseback riding, kayaking, bowling, etc.

Willing to share information about participation of persons with all types of disabilities in sports. Supports the use of recreation and sports activities in all rehabilitation programs.

NATIONAL HEMOPHILIA FOUNDATION

25 West 39th Street
New York, NY 10018 (212) 869-9740

Assists hemophiliac persons and their families by:

- fostering establishment of comprehensive care clinics throughout the U. S. to meet the need for both medical and support services;
- offering a number of scholarships for hemophiliac students;
- encouraging participation in recreational activities through support of summer camps;
- working with federal and local agencies to expand sources of financial aid for hemophiliacs.

These services are also provided by local chapters, which may provide other services as well, such as recruiting blood donors.

National office prepares and distributes publications and audio-visuals for hemophiliacs and their families and for professionals, including a pamphlet intended primarily for school personnel. (Audio-visuals are also available through local chapters.)

NATIONAL INSTITUTE FOR REHABILITATION ENGINEERING

97 Decker Road
Butler, NJ 07405 (201) 838-2500
Technical Director

A nonprofit clinical research facility which assists persons with all types of disabilities to perform specific activities in their daily living, education, and work, by providing whatever aids, equipment, and training may be necessary. Most aids and equipment supplied are custom-designed and fitted so clients must make an appointment to visit the facility for consultation, evaluation, and training. Fees charged.

Willing to conduct research to find unique aids to assist a specific individual.

Some examples of aids and equipment:

- Educational - adapted typewriters, arithmetic machines, special laboratory aids, portable notetaking tools
- Personal - self-care, clothing, sex
- Communication - school-to-home intercom systems, teletype equipment (some with braille output), TV-phone device for communicating visually over the telephone
- Mobility - wheelchairs, electrically controlled cars and vans, visual skills driver training for visually and hearing impaired persons.

Offers prevocational and vocational evaluation services for disabled persons 16 years old and over.

Offers consultation to guidance and teaching personnel.

Provides information on many topics, including aids and equipment; vocational guidance and evaluation; job placement; and psychosocial factors related to disabilities.

Makes referrals to appropriate agencies.

NATIONAL INTERPRETER TRAINING CONSORTIUM

Although its main objective is to train interpreters, it also assists professionals working with deaf individuals to understand the role and function of interpreters. Willing to talk with counselors on a one-to-one basis. Interested in making presentations to groups of educational personnel (as scheduling allows) and hopes to expand this activity in the future.

Members of the Consortium are listed below. Contact the nearest one.

Center on Deafness
California State University at Northridge
Northridge, CA 91324 (215) 885-2611

Sign Language Programs
Gallaudet College
Kendall Green
Washington, DC 20002 (202) 447-0837

Deafness Research and Training Center
New York University
80 Washington Square East (212) 598-2305
New York, NY 10003 (212) 477-1222 TTY

Program for Deaf Students
St. Paul Technical Vocational Institute
235 Marshall Avenue
St. Paul, MN 55102 (612) 227-9121 Ext.

Rehabilitation Center
College of Education
University of Arizona
Tucson, AZ 85721 (602) 884-3601

Department of Special Education and Rehabilitation
College of Education
University of Tennessee
Knoxville, TN 37916 (615) 974-2321

NATIONAL KIDNEY FOUNDATION

116 East 27th Street
New York, NY 10016 (212) 889-2210
Medical Program

Concerned with treatment, cure, and prevention of kidney disease.

National office and some state affiliates distribute publications about kidney disease and also offer information about related psychosocial factors; job placement; and agencies which offer counseling.

Direct services of affiliates vary, but often include medical screening, transportation for treatment, and assistance regarding legal rights of individuals with kidney disease.

NATIONAL MULTIPLE SCLEROSIS SOCIETY

205 East 42nd Street
New York, NY 10017 (212) 532-3060

Local chapters provide direct services, which vary but often include: information and referral for MS persons and their families; counseling; loan of essential medical equipment; social, recreational, and home visiting programs; and referral to MS clinical programs for diagnostic and periodic evaluation services and rehabilitation.

Some local chapters in conjunction with the American National Red Cross have initiated a Home Care Course for families and friends of MS persons. Topics covered include medical and psychosocial aspects, sexuality, activities of daily living, and nutrition.

At the national level, information is provided on various aspects of MS.

NATIONAL PARAPLEGIA FOUNDATION

333 North Michigan Avenue
Chicago, IL 60601 (312) 346-4779

Primarily concerned with persons paralyzed from spinal cord injury, their families, and professionals working with them.

Responds to inquiries about spinal cord injury, treatment, rehabilitation; also refers inquirers to other sources.

Publishes related literature, including Paraplegia Life, a periodical.

Has state and local chapters, which provide person-to-person support, assistance and information. (See State Resources listings for locations and services of several chapters.)

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS, INC.

79 Madison Avenue
New York, NY 10016 (212) 684-3505
Information and Referral Specialist

As the name indicates, main focus is prevention. However, does supply information on the medical and psychosocial aspects of glaucoma, hereditary blindness, eye injuries, and other visual impairments. Is familiar with agencies which provide vocational services, personal counseling, and aids and equipment to visually impaired persons.

NATIONAL THERAPEUTIC RECREATION SOCIETY

1601 North Kent Street
Arlington, VA 22209 (703) 525-0606

A branch of the National Recreation and Park Association. A membership organization which serves professionals and agencies providing recreation services to handicapped persons in order to promote their health and functional abilities.

Publishes Therapeutic Recreation Journal and occasional other materials.

NATIONAL WHEELCHAIR ATHLETIC ASSOCIATION

40-24 62nd Street
Woodside, NY 11377 (212) 424-2929
Chairperson

Organizes and governs competitive wheelchair sports, e.g., archery, swimming, track, weightlifting, for persons who have paralysis, amputations, and other orthopedic disabilities. Members are 13 years of age and older.

Provides information on sports and recreation for disabled persons; aids and equipment; and psychosocial factors related to disability.

OFFICE FOR HANDICAPPED INDIVIDUALS

Office for Human Development
U. S. Department of Health, Education, and Welfare
South Portal Building
200 Independence Avenue, S. W., Room 338D
Washington, DC 20201 (202) 245-6644

Responds to inquiries covering a broad spectrum of concerns relative to handicapped persons, e.g., legislation, education, rights, research. Refers inquirers to government agencies (both national and state) and other organizations which can provide needed information or direct services.

Publishes Programs for the Handicapped, a free periodical which identifies programs, aids and equipment, publications, and other items of interest to persons with all types of disabilities. Also available (single copies free) is Federal assistance for programs serving the handicapped, a document describing sources of funding.

PRESIDENT'S COMMITTEE ON EMPLOYMENT OF THE HANDICAPPED

Washington, DC 20210 (202) 653-5010
Office of Information

Publishes and distributes information on vocational guidance, job placement, agencies which provide vocational services, and other employment-related topics relative to persons with all types of disabilities. Issues Performance, a periodical (free). Also has information on architectural barriers, recreation, education.

Awards an annual scholarship to a disabled high school student for postsecondary study.

PROFESSIONAL REHABILITATION WORKERS WITH THE ADULT DEAF

814 Thayer Avenue
Silver Spring, MD 20910 (301) 589-0880

A membership organization for professionals working with adults. Has published a few monographs addressing the issues of employment of deaf persons which might interest counselors working with deaf adolescents.

RECORDING FOR THE BLIND, INC.

215 East 58th Street
New York, NY 10022 (212) 751-0860
Circulation Department

Loans recorded educational books and texts without cost to children and adults who cannot read printed material because of visual impairment, dyslexia, cerebral palsy, or other physical disability.

Texts can be ordered for classroom use for a period of one year with extensions granted on request.

Books are available on open reel tape or cassettes. In addition to loaning duplicates of books already recorded and filed in its master tape library, RFB records individual books on request. (Sufficient time should be allowed for recording books; also, books are recorded only during certain times of the year.)

REGISTRY OF INTERPRETERS FOR THE DEAF, INC.

P. O. Box 1339
Washington, DC 20013 (202) 447-0511

National office for local RID chapters, which provide interpreting services. (See State Resources listings for addresses.)

Conducts examinations and awards certification on five levels to interpreters, thus assuring certain standards in interpreting skills.

Can assist inquirers in locating interpreters in states where local RID addresses have changed or where no chapters exist.

Distributes pamphlets for personnel in legal, religious, and educational settings who may encounter interpreters. Pamphlet for education is entitled Information for teachers.

ST. PAUL TECHNICAL VOCATIONAL INSTITUTE

235 Marshall Avenue
St. Paul, MN 55102 (612) 227-9121
Program for Deaf Students

Although primarily an educational program for deaf students, St. Paul TVI also conducts workshops open to educational personnel working with deaf students throughout the U. S. Topics of workshops include counseling, health, interpreting, work evaluation.

Also provides information on instructional media and career education materials.

SEX INFORMATION AND EDUCATION COUNCIL OF THE U. S., INC. (SIECUS)

137 North Franklin Street
Hempstead, NY 11550 (516) 483-3033

Provides materials and information for professionals and for interested individuals. Some materials specifically focus on sexuality and handicapped persons, such as a resource guide for visually handicapped children and adolescents.

SOCIETY FOR THE REHABILITATION OF THE FACIALLY DISFIGURED, INC.

550 First Avenue
New York, NY 10016 (212) 679-1534

Sponsors facilities for the treatment and assistance of individuals who are unable to afford private reconstructive surgical care, including correction of cleft lip and cleft palate deformities, reconstruction of congenital malformations of the face, and the treatment of extensive burns and crash injuries.

Attempts to refer persons who live long distances from New York City to plastic surgery care within their own areas.

Provides information to increase public awareness of the problems of facial disfigurement and current treatment methods.

SPECIAL OFFICE FOR MATERIALS DISTRIBUTION

Audio-Visual Center
Indiana University
Bloomington, IN 47401 (812) 337-0531

Operates depositories for distribution of educational captioned films for the deaf. Films have been previously produced with sound, then captioned, so are appropriate for integrated audiences. Subject areas include biology, chemistry, history, literature, sex education, vocational guidance.

Films are loaned without cost (except return postage). School personnel apply for an account through the Special Office, are assigned a depository (more than 60 located throughout the U. S.), and then borrow films from the depository.

Special Office, as part of the National Center on Educational Media and Materials for the Handicapped (NCEMMH), distributes other educational materials also. See NCEMMH entry, p. 439 for additional information.

SPINA BIFIDA ASSOCIATION OF AMERICA

343 South Dearborn, Suite 319
Chicago, IL 60604 (312) 663-1562
Information and Referral Department

Offers services to persons with spina bifida, hydrocephalus, epilepsy (as it relates to hydrocephalus), and bowel and bladder dysfunctions.

Provides information at the national level through publications and filmstrips on medical and psychosocial factors, vocational guidance, personal counseling, aids and equipment, and treatment facilities.

Offers consultation and seminars for guidance and teaching personnel.

Local chapters often provide self-help and parent support. (See State Resources listings for locations and services of some chapters.)

SPINAL CORD INJURY CENTERS

Because of the pervasive nature of spinal cord injury the federal government, through the Rehabilitation Services Administration, has designated 11 regional Spinal Cord Injury Centers to provide total care and rehabilitation. This includes not only medical treatment but also physical and occupational therapy, mobility training, psychological services, vocational counseling, and other services needed in order for the spinal cord injured individual to achieve maximum rehabilitation.

Locations of the regional Centers are presented below. For further information on referral procedures and eligibility for services, contact the Director at the nearest Center.

Spain Rehabilitation Center
University of Alabama in Birmingham
1717 6th Avenue South
Birmingham, AL 35233 (205) 934-4155

Southwest Regional Spinal Injury Center
Good Samaritan Hospital
P. O. Box 2989
Phoenix, AZ 85062 (602) 257-4533

Santa Clara Valley Medical Center
California Regional Spinal Cord Injury Care System
Institute for Medical Research
751 South Bascom Avenue, H-8
San Jose, CA 95128 (408) 998-4554
Ext. 37

Craig Hospital
Rocky Mountain Spinal Cord Injury System
3425 Clarkson
Englewood, CO 80110 (303) 761-3040

Northwestern Memorial Hospital and Rehabilitation Institute of Chicago
401 East Ohio Street
Chicago, IL 60611 (312) 649-4728

New England Regional Spinal Cord Injury Center
University Hospital
75 East Newton Street
Boston, MA 02118 (617) 247-5531

Regional Spinal Cord Injury Center
Department of Physical Medicine and Rehabilitation
University of Minnesota Hospitals
Minneapolis, MN 55455 (612) 373-8990

Institute of Rehabilitation Medicine
New York University
400 East 34th Street
New York, NY 10016 (212) 679-3200

Texas Institute of Rehabilitation and Research
1333 Moursund Avenue
Houston, TX 77025 (713) 797-1440

Woodrow Wilson Rehabilitation Center
Department of Vocational Rehabilitation
Fisherville, VA 22939 (703) 885-7281

University of Washington
Department of Rehabilitation Medicine
CC 814 University Hospital
Seattle, WA 98195 (206) 543-3300

UNITED CEREBRAL PALSY ASSOCIATIONS, INC.

66 East 34th Street
New York, NY 10016 (212) 481-6350
Director of Program Services

An organization with many state and local affiliates. Direct services, such as counseling, physical and occupational therapy, recreational activities, transportation, are offered by affiliates. (See State Resources listings for locations and services of some affiliates.)

National office issues publications which provide information on a range of topics, including medical and psychosocial factors related to cerebral palsy, sexuality, aids and equipment, civil and legal rights.

Can refer disabled persons and their families to vocational services, personal counseling, and other community resources.

Offers consultation to school personnel regarding architectural barrier removal, program development, etc.

NATIONAL DIRECTORIES OF SERVICES AND MATERIALS

AMERICAN ANNALS OF THE DEAF: DIRECTORY OF PROGRAMS AND SERVICES

Annual (April) $5.00.

American Annals of the Deaf
5034 Wisconsin Avenue, N. W.
Washington, DC 20016 (202) 363-1327

Supplies much and varied information about programs and services for deaf persons in the U. S., including: education, e.g., residential and day, postsecondary; rehabilitation centers and mental health facilities; social and recreational organizations, e.g., summer camps; religious organizations; speech and hearing services; and related organizations. Most information is given on a state-by-state basis.

COLLEGE GUIDE FOR STUDENTS WITH DISABILITIES

1976. $18.50 (plus $1.50 for shipping if not prepaid).
$12.00 for handicapped students and families (prepaid).

Abt Publications
55 Wheeler Street
Cambridge, MA 02138 (617) 492-7100

Presents information on higher education facilities and services especially pertinent to students with disabilities (visual, hearing, mobility, e.g., wheelchair-users). Details accessibility of individual colleges and universities in the U. S. on a building-by-building basis and indicates the availability of support services (e.g., interpreters, readers) on these same campuses. Provides information on a variety of related topics including financial aid, learning materials, legal rights, and state and federal support agencies.

DIRECTORY FOR EXCEPTIONAL CHILDREN

December 1977 (Forthcoming). $25.00.

Porter Sargent Publications, Inc.
11 Beacon Street
Boston, MA 02108 (617) 523-1670

Lists and describes schools and treatment centers for children and young adults with many types of handicapping conditions (e.g., orthopedic, neurological, visual, hearing). State, private, residential, and day programs are included, as well as speech and hearing clinics; related organizations; federal and state agencies.

DIRECTORY OF AGENCIES

1975. 100 p. $4.40.

National Association of Social Workers
Publication Sales Office
1425 H Street, N. W.
Washington, DC 20005 (202) 628-6800

Covers over 300 national and international organizations whose work is related to the profession of social work. Education, counseling, health, and recreation are among the categories of organizations included.

DIRECTORY OF AGENCIES SERVING THE VISUALLY HANDICAPPED IN THE U. S.

Fall 1977 (Forthcoming). Approximately $10.00-$15.00.

American Foundation for the Blind, Inc.
Publications Division
15 West 16th Street
New York, NY 10011 (212) 924-0420

Lists library services, vocational rehabilitation services, department of education, and residential schools for the blind in every state. Also identifies dog guide schools, sources of reading and educational materials, professional training programs, radio reading and information services, and other organizations serving blind persons.

DIRECTORY OF COUNSELING SERVICES

1977. $4.00.

International Association of Counseling Services, Inc.
1607 New Hampshire Avenue, N. W.
Washington, DC 20009 (202) 232-6729

Includes mainly college and university counseling centers (many serving persons not affiliated with the academic community) and religious-affiliated counseling centers. Educational, personal, and vocational counseling services listed for children, adolescents, and adults.

DIRECTORY OF ORGANIZATIONS INTERESTED IN THE HANDICAPPED

1976. 48 p. Single copy free.

Committee for the Handicapped
People-to-People Program
1028 Connecticut Avenue, N. W., #610
Washington, DC 20036 (202) 223-4450

Enumerates more than 100 national organizations concerned with training, treatment, devices, and procedures to assist handicapped persons.

DIRECTORY OF RESIDENT CAMPS FOR PERSONS WITH SPECIAL HEALTH NEEDS

1977 (Biennial). $2.00 prepaid.

National Easter Seal Society for Crippled
Children and Adults
2023 West Ogden Avenue
Chicago, IL 60612 (312) 243-8400

Disabilities covered include cerebral palsy, epilepsy, diabetes, visual impairments, and speech and/or hearing impairments. Camps for both children and adults are listed, and fees are indicated.

ENCYCLOPEDIA OF ASSOCIATIONS

1977. $70.00.

Gale Research Co.
Book Tower
Detroit, MI 48226 (313) 961-2242

Encompasses several thousand organizations in many different areas, including education, social welfare, and health and medical. Lists mainly national nonprofit organizations but also includes some regional groups and citizen action groups and programs. Two other volumes (additional cost) provide a geographical index and a periodic supplement of new associations.

GREEN PAGES

Quarterly. $6.00/year.

Green Pages, Inc.
641 West Fairbanks
Winter Park, FL 32789 (305) 644-6326

A periodical, much of which consists of a "buyers directory of products and services for the use and rehabilitation of the physically disabled." Lists manufacturers and distributors of many different kinds of aids and equipment, e.g., driving, reading, and eating aids; communication systems; recreation equipment. Also lists some books, periodicals, organizations, and services of interest to physically disabled persons.

GUIDE TO CLINICAL SERVICES IN SPEECH PATHOLOGY AND AUDIOLOGY

1977 (annual). $8.00 prepaid, for nonmembers.
$7.00 prepaid, for members.

American Speech and Hearing Association
Accounting Office
9030 Old Georgetown Road
Washington, DC 20014 (301) 530-3400

Lists ASHA-accredited and nonaccredited speech pathology and audiology services; ASHA-certified members in private practice; and resource personnel in state agencies such as vocational rehabilitation, health, education. This information is provided for each state.

GUIDE TO COLLEGE/CAREER PROGRAMS FOR DEAF STUDENTS

1975. 98 p. Free.

Office of Demographic Studies
Gallaudet College
7th and Florida Avenue, N. E.
Washington, DC 20002 (202) 447-0301

Gives information on more than 40 postsecondary programs, indicating special services which are offered to deaf students, such as interpreters, manual communication training, personal counseling, vocational placement.

HANDBOOK ON THE LEGAL RIGHTS OF HANDICAPPED PEOPLE

1976. 103 p. Free.

President's Committee on Employment
of the Handicapped
Washington, DC 20210 (202) 653-5067

It is important to note that the *Handbook* encompasses federal, District of Columbia, Maryland, and Virginia laws only, but it is listed in this section because it does include federal laws and because its author hopes it will serve as a model for similar regional programs.

Describes laws beneficial to handicapped persons in several categories, such as architectural barriers, education, employment, transportation, and vocational rehabilitation. States each law as simply as possible, giving a citation to the legal code so that the text of the law can be located and also listing offices to contact for further assistance regarding particular laws.

NATIONAL DIRECTORY OF PRIVATE SOCIAL AGENCIES

1976-77 (and monthly supplements). $27.95/year.

Croner Publications, Inc.
211-03 Jamaica Avenue
Queens Village, NY 11428 (212) 464-0866

Categories of agencies listed include information and referral, family and child welfare, and vocational services for disabled persons. Arranged geographically and by field of service.

1977 PARENTS GUIDE TO ACCREDITED CAMPS

$2.40 (Each edition).

American Camping Association
Publications Service
Bradford Woods
Martinsville, IN 46151 (317) 342-8456

Four editions available: Northeastern, Midwestern, Southern, and Western. Entries indicate whether camp specializes in serving handicapped children and adolescents (and an index according to disability helps locate these camps).

1976 DIRECTORY OF EDUCATIONAL FACILITIES FOR THE LEARNING DISABLED

1975. 48 p. $ .50 handling charge.

Academic Therapy Publications
Directory
1539 Fourth Street
P. O. Box 899
San Rafael, CA 94901 (415) 456-1394

Lists schools and some diagnostic services and camps for learning disabled children and adults.

PUBLISHER SOURCE DIRECTORY

1977. $3.00.

Ohio State University Press
Publications Sales Division
2070 Neil Avenue
Columbus, OH 43210 (614) 422-6930

Provides information about where to buy or rent instructional materials and other educational aids, devices, and media by listing publishers, producers, and distributors. Published by the National Center on Educational Media and Materials for the Handicapped; many of the types of materials included are especially useful to students with various disabilities, e.g., captioned films and filmstrips, braille writing devices, manipulative materials, and mobility aids.

READY REFERENCE GUIDE: RESOURCES FOR DISABLED PEOPLE

1977 (Forthcoming).

For information about cost and availability contact:

Office of Special Programs
Rehabilitation Services Administration
330 C Street, S. W.
Washington, DC 20201 (202) 245-0820

Describes numerous programs and services, both public and private, for persons with all types of disabilities. Topics include architectural and transportation barriers, educational assistance, employment, legal rights, and much more. Covers many programs and services offered by federal agencies and/ or mandated by federal legislation. Lists regional offices of several federal agencies, national organizations for disabled persons, other information sources (including directories).

TRAINING RESOURCES DIRECTORY (and supplements)

n.d. $3.00 plus $1.00 per quarterly supplement.

Continuing Education Program for
Rehabilitation: Region 2
State University of New York at Buffalo
416 Christopher Baldy Hall
Amherst, NY 14260 (716) 636-2517

Reviews materials for use by persons in the field of rehabilitation. Materials include books, films, manuals, and slide/tapes. Covers various disabilities (e.g., amputation, deafness, muscular dystrophy) and topics (e.g., counseling process, evaluation, job placement). Ordering information is included for reviewed materials.

YEARBOOK OF SPECIAL EDUCATION, 1976-77

1976. 618 p. $34.50.

Marquis Academic Media
200 East Ohio Street
Chicago, IL 60611 (312) 787-2008

A potpourri of information gathered from many publications and collected in one source. Partial contents: statistical data, educational programs, federal legislation, and state programs and personnel; presented as articles, charts, listings. Speech and hearing, visual, and orthopedic are among disabilities covered.

STATE RESOURCES

As we attempted to compile resources -- information, direct services, and directories -- available in every state plus the District of Columbia, one fact became apparent: there are numerous resources. True, there are service gaps, but many needed resources do exist.

The resources -- organizations and directories -- listed in every state are but a sampling of those which exist. Hopefully, the resources we have listed for a particular state will be useful to counselors in that state. But what if needed resources are not included? Should a counselor assume they do not exist in her/his state? Definitely not. For the uninitiated, this is where the problem frequently lies: how to locate needed information and direct services. In the following pages we offer some guidelines for this search.

Search for resources

Before beginning, one undeniable fact must be stated. Persons seeking resources (especially of any complexity) must be prepared to make a number of phone calls and/or write a few letters before reaching an appropriate source. In some localities it is possible to find needed resources quickly, but for the most part the reality of the situation is such that a number of attempts must be made before the target is reached.

It should be evident that the initial source to contact usually depends on the type of information and/or direct services being sought. For example, if a counselor is seeking educational programming information and advice, one of the divisions at the State Department of Education is a likelier prospect than the local Information and Referral Service. However, the resource-seeker should keep in mind that resources are not always found where one expects to find them.

Some possible resources are described below.

State Department of Education

It is essential that counselors become aware (if they are not already) of the potential resources available through their State Department of Education. Program guidelines, career planning materials, instructional aids, and other educational materials may be available. Inservice workshops may be conducted.

Administrators in the following State Department of Education divisions should be knowledgeable about special programs and services, including federally-funded ones, available in the state:

- Special Education (identified in State Resources listings)
- Vocational-Technical or Occupational Education (names vary). Each state has special personnel who deal specifically with the occupational education of special needs students.
- Guidance or Pupil Personnel

State Vocational Rehabilitation (VR) agency

We have identified the state office of the VR agency for every state. In some states there is a separate unit serving visually impaired persons, often called Commission for the Blind, Services to the Blind, etc. These are also listed. "State VR" is sometimes indicated after the name for clarity. Local offices are not included.

Because all VR agencies serve similar functions, we have not indicated the VR functions separately for each state. Instead we are presenting an overview. For specific information contact the VR agency in your state.

Vocational Rehabilitation is a State-Federal program of services for handicapped persons, mandated by federal legislation and carried out by state VR agencies.* Persons are eligible if their physical or mental disability presents an obstacle to employment and yet there is potential for employment as a result of rehabilitation services.

Although there is no mandated minimum age requirement, students usually are not considered eligible before grades 11 or 12, since employment is a VR objective. In some cases there is cooperative planning and programming between school personnel and VR counselors. (See Coordinating the Delivery of Services, p. 87-89, for elaboration of this issue.)

The state VR agency may consider the financial need of the handicapped person and the availability of other benefits (such as payments for medical services) before expending VR funds for certain services. Note, however, that this cannot be a factor of eligibility for services, i.e., a person cannot be excluded from evaluation of rehabilitation potential, counseling, and other services because of financial status. S/he can be expected to pay (either directly or through a third party) for some or all of services rendered.

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* This material is extracted from the Rehabilitation Services Administration document, Ready reference guide: Resources for disabled people (draft) 1977.

VR services include, but are not limited to, the following:

- Diagnosis and evaluation (medical, vocational and psychosocial) of rehabilitation potential
- Guidance, counseling, and referral
- Vocational and other postsecondary training, including training materials
- Job placement
- Occupational licenses, tools, and equipment
- Medical restoration services, e.g., prostheses, visual services
- Subsistence maintenance during rehabilitation
- Interpreter and reader services for deaf and blind persons respectively
- Telecommunications, sensory and other technological aids and devices
- Transportation related to any rehabilitation services.

Regional Libraries for the Blind and Physically Handicapped

Regional (and Subregional) Libraries in many states comprise a national network emanating from the Library of Congress. They provide library services for persons unable to read conventional print. See "Library of Congress" in National Organizations, p. 436, for further information.

In addition to providing library services to handicapped persons, the Regional Library is a source of information and reference materials about visual impairments, braille and tape transcribing, aids and equipment, and related topics. The Regional Library is listed as a resource for each state. ("Regional" is sometimes indicated after the name for clarity.)

Information and referral services

Information and referral services range from ones which offer simple, nonindividualized information regarding agencies and services to ones which provide referrals to specific facilities and services and then provide follow-up to assess the appropriateness of the referral. Depending upon the nature of the problem, both types can be valuable.

Capabilities of information and referral services vary. The information base of some services may consist of a current file or directory of local community resources of a fairly general nature -- education, health, social services, etc. Or the information base may consist of a computerized information network covering a broad geographic area and indexed in detail so that specific facilities and programs can be retrieved and offered as referrals.

What types of information and referral services exist? Where do you find them? Here are some guidelines:

- Specialized information and referral services may be operated by agencies concerned with disabled persons, such as the Information, Referral and Follow-up program which is a component of many state Easter Seal Societies. These are often statewide in scope.
- United Way, Community Service Council, Voluntary Action Center, and other organizations with similar names frequently operate general information and referral services for their localities (which may be an urban metropolitan area or several rural counties).
- Statewide toll-free phone information and referral services, usually state-operated, provide information on human services.

It should be apparent that specialized information and referral services such as those of the Easter Seal Societies may be better equipped to handle specific disability-related requests than are the more general information and referral services. The extent to which local or even statewide general information and referral services have knowledge of disability-related resources varies. At the least, they have some knowledge of voluntary health organizations, relevant state agencies, etc. Incidentally, a local information and referral service frequently issues a directory of community resources which can be a handy reference to consult on an ongoing basis. A number of these directories have been listed as resources in individual states.

As has been indicated, information and referral services vary in the range and depth of their information bases and thus in the resources they can offer, but they should definitely be considered a valuable source in the process of resource-seeking.

Voluntary health organizations

There is a specialized health organization for almost every disability. Some of these organizations (usually national in scope) operate largely for fund-raising and research purposes, but others provide direct services as well. Almost all offer educational materials (pamphlets, films, etc.) about the disability and ways to cope with it, some written specifically for school personnel (National Hemophilia Foundation, Cystic Fibrosis Foundation, to name just a few). Staff at these organizations are often willing and eager to talk with school personnel as part of their public education thrust. State and local chapters provide a variety of services to disabled persons and their families. See National Organizations listing, p. 431-443, for information about specific specialized health organizations and see individual State Resources for organizations and their services in a particular state.

Consumer groups

Consumer groups, i.e., those composed largely of disabled persons and their families, work actively to improve and expand life opportunities for disabled persons and to decrease and eliminate discriminatory practices. These groups are frequently knowledgeable about resources regarding legislation, architectural barriers, education, employment. They can also function as mutual help and support groups. Disabled group members may be willing to meet with school personnel and students; some disabled students might benefit a great deal from interacting with productive, active disabled adults. Some consumer groups are included in State Resources listings.

State Employment Security agency

This state agency, called Employment Security Commission, Department of Labor and Industry, etc., generally has personnel who coordinate job placement services to disabled clients. Many local offices have a staff member designated to ensure that disabled clients receive all necessary services. The state office is identified in each state listing.

Regional Resource Centers (RRC)

This is a network of 13 federally-funded centers established to assist states in developing an intrastate ability to provide appropriate educational services to handicapped students. A continuum of services is the desired objective: identifying the handicapped child, referring her/him for appraisal and diagnosis, designing an educational program, implementing the program, and providing support services.

Modes of operation vary. Some RRCs work mainly with state educational agencies, while others also offer some technical assistance to local educational agencies.

RRC contracts expire soon so there may be changes in the network. Rather than identify the locations and services of individual RRCs, information which may become obsolete shortly, we suggest that counselors contact the Director of Special Education in their State Department of Education for information about possible assistance from the RRC. The Regional Resource Center network is funded by Learning Resource Centers branch, Division of Media Services, Bureau of Education for the Handicapped, U. S. Office of Education.

Other possible resources

- Colleges and universities, especially ones with departments such as special education, rehabilitation counseling, and communication disorders, may provide assistance.
- Hospitals, especially ones with specialized medical services, often have concomitant social services (e.g., a Seizure Clinic may offer counseling to epileptic persons).
- Schools for the blind and the deaf may be willing to offer consultation to personnel in public schools.*

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* American annals of the deaf: Directory of programs and services and Directory of agencies serving the visually handicapped in the United States list the schools for the deaf and the blind, respectively, in every state. See p. 445.

Explanatory notes for State Resources listings*

Points to keep in mind:

- Information and/or direct services checked as offered and/or listed in Comments do not necessarily indicate the full extent of an organization's services.
- There may be eligibility requirements or other kinds of limitations regarding services. These are not indicated here.
- Whenever possible, the state affiliate or chapter of an organization is listed, rather than local units. However, since direct services are frequently offered at the local level, the services identified may actually be provided by local units throughout the state. The state office, which may be a good source of information, can direct inquirers to their nearest local unit.
- Some organizations, such as Muscular Dystrophy Association, have local chapters only, rather than state chapters. All the local chapters in a state are usually not listed; one chapter will refer inquirers to their nearest chapter.
- Omission of an organization such as Cystic Fibrosis Foundation, American Diabetes Association, etc. in any state does not necessarily mean a chapter does not exist. (The national office of the organization can provide the address(es) of chapters and affiliates.)
- When any part of the listing -- Disability Served, Type of Service, Information and/or Services Provided -- is completely blank for an entry, this indicates that the organization has not responded to our inquiries, did not complete that part, or has not been contacted directly. The organization is included, however, because we felt it to be a useful resource. One will have to contact the organization for specific information.
- Most of the specialized health organizations disseminate literature about the disability of their concern.
- "Developmental disabilities" include cerebral palsy, epilepsy, and other neurological handicapping conditions, as well as mental retardation; therefore directories and services for developmentally disabled persons are often included.

Arrangement of entries

- The office or position to contact in an initial inquiry, if applicable, is listed beneath the phone number.
- "Comments" is arranged in this order:
  - Disabilities served other than those checked on listing (or a comment on ones checked)

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* Readers receive the listing for their state only, unless they request otherwise.

- Comments on additional services, explanatory notes, etc.
- Geographical area served. If omitted, this indicates that the entire state is served.

Example:

Direct initial inquiries to →

Organization	Comments
American Diabetes Assoc. South Texas Affiliate 1536 East Anderson Lane Austin, TX 78711 (512) 837-1712 Program Director	Also hypoglycemia, chronic obesity. Coordinates referrals to treatment center at U. of Texas, Galveston. South Texas.

Explanation of some terms used

Neuromuscular/orthopedic - includes persons with spinal cord injuries, muscular dystrophy, spina bifida, cerebral palsy; persons using wheelchairs, braces, crutches.

Chronic health problems - includes persons with diabetes, cystic fibrosis, chronic bronchitis, asthma with lung damage, cardiac conditions.

Most of the categories comprising "Information and/or Services Provided" are discussed in Part I of this manual and should be self-explanatory. A few additional comments:

- Support services includes readers and interpreters for blind and deaf persons respectively.
- Specialized instructional materials includes captioned films, braille and taped materials, etc. used for instructional purposes. Exception: it also includes noninstructional large type, braille, and taped materials loaned by the Regional Libraries for the Blind and Physically Handicapped. Some Regional Libraries have materials which may be used in classrooms, but their main thrust is recreational reading.
- Modified equipment and special devices for classroom, laboratories, jobs. This may include optical enlargers, adapted typewriters.
- Aids and devices for daily living skills includes orthopedic appliances, adapted driving equipment.
- Daily living skills includes appropriate diet and other self-management skills, knowledge of proper medication required, etc.
- Social and recreational programs includes camps.
- Consultation and/or inservice training to guidance staff and to teachers. This may be an informal one-to-one discussion or a more formal presentation. However, many respondents who did not check either of these categories indicated in their comments

that they do indeed work informally with school personnel. So we suspect that there is much more willingness to talk with school personnel than appears in the listings.

- There is undoubtedly some overlap among the categories listed.

One final suggestion:

Contact organizations which seem as though they might be relevant, even if the particular service(s) desired are not indicated, because:

- The service may have been established subsequent to this writing
- A service which is offered may have been inadvertently omitted
- An organization may be willing to establish a service if a need exists (this was communicated to us by a number of respondents).

STATE RESOURCES

Organizations and Directories for All States

Technical Education Research Centers
44 Brattle Street
Cambridge, Massachusetts 02138
1977

EC104152

ALABAMA

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
ALABAMA COUNCIL ON EPILEPSY 712 Massey Building Birmingham, AL 35203 (205) 324-0111 Project Director				X				X	X		X																	X	X	Provides workshops and talks on epilepsy and its psychosocial aspects. Jefferson County and central Alabama.
AL DEPARTMENT OF EDUCATION Exceptional Children & Youth Montgomery, AL 36104 (205) 832-3230	X	X	X	X	X																									
AL DEPT. OF INDUSTRIAL RELATIONS Industrial Relations Building Montgomery, AL 36230 (205) 832-3626	X	X	X	X	X		X						X	X	X															
AL REGIONAL LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED 525 North Court Street Talladega, AL 35160 (205) 362-7934 or 362-1790 Librarian	X		X			X											X													
AL REGISTRY OF INTERPRETERS FOR THE DEAF Harvey Williams, Coordinator 1608 13th Avenue, S. #201 Birmingham, AL 35205		X					X									X														
AL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC. 2125 E. South Boulevard P. O. Box 6130 Montgomery, AL 36106 (205) 288-0240	X	X	X	X				X		X	X	X	X	X	X				X	X	X	X	X	X	X		X			

ALABAMA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
ALABAMA VOCATIONAL REHABILITATION 2129 E. South Boulevard P. O. Box 11586 Montgomery, AL 36111 (205) 281-8780	X	X	X	X	X																									
AMERICAN DIABETES ASSOCIATION Alabama Affiliate, Inc. 904 Bob Wallace Ave., Suite 222 P. O. Box 2022 Huntsville, AL 35804 (205) 536-4866 Executive Director					X															X					X					Operates summer camp (to age 16).
CYSTIC FIBROSIS FOUNDATION Alabama Chapter 300 Office Park Dr., Suite 214 Birmingham, AL 35223 (205) 879-0527					X	X			X	X	X	X	X	X			X					X	X		X	X	X			
EAST CENTRAL ALABAMA UNITED CEREBRAL PALSY CENTER 307 East 10th Street P. O. Box 694 Anniston, AL 36201 (205) 237-8203			X					X					X						X				X							Planning to expand & develop new programs, incl. info & referral & adolescent services. Five counties in Anniston area.
INFORMATION & REFERRAL SERVICE OF UNITED FUND 218 St. Francis Street P. O. Drawer 89 Mobile, AL 36601 (205) 433-3624	X	X	X	X	X	X																								Responds to inquiries in all categories listed. Mobile County.
JOHN W. SIMPSON CEREBRAL PALSY CENTER 2430 11th Avenue, North Birmingham, AL 35234 (205) 251-0165			X				X		X														X	X	X		X			Greater Birmingham Metropolitan area.

ALABAMA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
UNITED CEREBRAL PALSY OF GADSDEN AND NORTHEAST ALABAMA, INC. Sixth Street South East Gadsden, AL 35903 (205) 547-3830			X						X						X				X			X	X	X	X					Northeast Alabama.
UNITED CEREBRAL PALSY OF MOBILE, INC. 1874 Pleasant Avenue P. O. Box 7008 Mobile, AL 36607 (205) 479-1234			X																	X			X	X						Works with community agencies so that total services, including appropriate educational placement, can be provided for individuals. Southwest corner.
UNITED WAY INFORMATION AND REFERRAL SERVICE Volunteer Bureau of Greater Birmingham, Inc. 3600 8th Ave. S., Suite 504 Birmingham, AL 35222 (205) 322-2222 or 323-1506						X																								Answers inquiries in most categories listed; publishes Community resources directory. Greater Birmingham area.

DISTRICT IV RESOURCES DIRECTORY: EDUCATIONAL, SOCIAL, AND HEALTH SERVICES

n.d. 190 p. Free.

Health Systems Agency
P. O. Box 264
Gadsden, AL 35902
(205) 543-9451

Lists mental health, education, and other agencies; does not focus on disability-related services. Covers 11 counties in northeast Alabama, from Tallapoosa north to DeKalb.

RESOURCES FOR HUMAN SERVICES IN ALABAMA: A DIRECTORY OF PUBLIC AND PRIVATE AGENCIES SERVING PEOPLE

1974 (To be revised soon). 80 p. $ .50.

Alabama Department of Mental Health
502 Washington Avenue
Montgomery, AL 36104
Attn: Director of Information
(205) 265-2301

Covers organizations providing statewide, regional, and local services in areas such as counseling, employment, health, rehabilitation. Includes some disability-related organizations.

ALASKA

ORGANIZATIONS	DISABILITY SERVED: Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	TYPE OF SERVICE: Information and referral	Direct services	Both info/referral & direct services	INFORMATION AND/OR SERVICES PROVIDED: Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
AK DEPARTMENT OF EDUCATION Division of Instructional Servs. Section on Exceptional Children and Youth Pouch F Juneau, AK 99801 (907) 465-2904	X	X	X	X	X																									
AK DIVISION OF EMPLOYMENT SECURITY Department of Labor Fourth and Harris P. O. Box 3-7000 Juneau, AK 99811 (907) 465-2714	X	X	X	X	X		X						X	X	X															Staff member is responsible for coordinating efforts to assist handicapped clients.
AK DIV. OF HEALTH & SOCIAL SERVS. Alaska Office Building Pouch H Juneau, AK 99811 (907) 465-3030								X																						Will provide Info and Referral Services statewide (beginning July 1977).*
AK OFFICE OF VOCATIONAL REHAB. Pouch F, Mail Station 0581 Juneau, AK 99811 (907) 586-3270	X	X	X	X	X																									
AK STATE LIBRARY Services for the Blind and Physically Handicapped 650 International Airport Road Anchorage, AK 99502 (907) 274-6625	X		X				X										X													
ALASKA STATE PROGRAM FOR THE DEAF Anchorage School District 2220 Nichols Street Anchorage, AK 99504 (907) 274-4582 Coordinator		X						X	X				X		X	X								X					X	

* Provides direct services also.

ALASKA

ORGANIZATIONS	DISABILITY SERVED: Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	TYPE OF SERVICE: Information and referral	Direct services	Both info/referral & direct services	INFORMATION AND/OR SERVICES PROVIDED: Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
ALASKA TREATMENT CENTER 3710 East 20th Anchorage, AK 99504 (907) 272-0586 Intake	X	X	X				X		X	X	X				X			X	X	X			X	X				X	X	Also speech and language disorders, learning disabilities.
CYSTIC FIBROSIS FOUNDATION 3525 Stone Way North Seattle, WA 98103 (206) 634-0950 Executive Director					X	X			X	X	X	X	X	X								X	X	X	X	X	X	X	X	
MUSCULAR DYSTROPHY ASSOCIATION 915 West Sixth Avenue Anchorage, AK 99501 (907) 279-7427			X																											
NATIONAL FEDERATION OF THE BLIND OF ALASKA 325 East Third Avenue Anchorage, AK 99501 (907) 272-0000	X	X		X				X			X	X				X	X		X	X	X	X			X		X			Advocacy.
REGIONAL RESOURCE CENTER FOR THE DEAF Oregon College of Education Maaske Hall Monmouth, OR 97361 (503) 838-1220 Ext. 444 Counselor With the Deaf		X						X	X	X	X	X	X	X	X	X	X	X			X	X		X	X	X		X	X	Also OR Coll. of Educ. has annual Career Day on campus for hearing imp. high school students; staff visits high schools to inform students about support services available at Oregon College of Educ.

DIRECTORY OF HUMAN SERVICE ORGANIZATIONS 1977. Free. Department of Health and Social Services Pouch H-01 Juneau, AK 99811 Attention: Information Officer	A comprehensive listing of health, counseling, education and other services, as well as state agencies, throughout Alaska. Does not focus on disability-related programs and services, although some may be especially pertinent, e.g., Anchorage Council for Exceptional Children, Alaska Diabetes Association.
SERVICE-RESOURCE DIRECTORY FOR DEAF AND HEARING IMPAIRED INDIVIDUALS -- ALASKA 1976. 24 p. Free. Regional Resource Center for the Deaf and Hearing Impaired Maaske Hall Oregon College of Education Monmouth, OR 97361 (503) 838-1220 X444 Attention: Assistant Director	Provides names of interpreters, mental health professionals, and related personnel who can communicate with hearing impaired individuals. Lists educational programs, speech and hearing clinics, sign language classes, and other facilities in Alaska.

ARIZONA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																							COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
ARIZONA DEPT. OF ECONOMIC SECURITY 1717 West Jefferson P. O. Box 6123 Phoenix, AZ 85005 (602) 271-4900 Ext. 5678	X	X	X	X	X								X	X	X															In each local office a trained staff person is designated as a Handicapped Specialist.
ARIZONA DEPARTMENT OF EDUCATION Division of Special Education 1535 West Jefferson Phoenix, AZ 85007 (602) 271-3183	X	X	X	X	X																									
ARIZONA DIABETES ASSOCIATION, INC. 555 West Catalina Drive #14 Phoenix, AZ 85013 (602) 274-3514					X	X											X			X					X					
ARIZONA REGIONAL LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED [illegible]120 East Roosevelt Street Phoenix, AZ 850[illegible] (602) 271-5[illegible]78	X		X				X										X													
AZ REHABILITATION SERVICES BUREAU Department of Economic Security 1535 West Jefferson, Suite 155 Phoenix, AZ 85007 (602) 271-3332	X	X	X	X	X																									
CENTRAL ARIZONA REGIONAL EPILEPSY SOCIETY 4603 North 16th St., Suite 6C Phoenix, AZ 85016 (602) 279-5721 Administrative Coordinator				X		X			X		X	X					X								X	X		X	X	Maricopa County.

ARIZONA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF ARIZONA, INC 702-706 North First Street Phoenix, AZ 85004 (602) 252-6061	X	X	X					X									X		X				X	X	X		X			
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF ARIZONA, INC (Tucson office) 920 North Swan Tucson, AZ 85711 (602) 795-7542 Information & Referral	X	X	X					X									X		X				X	X	X		X			Offers assistance with hearing aid purchase. Pima County.
GRAND CANYON REGISTRY OF INTERPRETERS FOR THE DEAF Carlton T. Wiens, President 2761 West Street Tropaz Tucson, AZ 85713		X					X									X														
INFORMATION & REFERRAL SERVICE, INC. 3833 East Second Street, #7 Tucson, AZ 85716 (602) 881-1794	X	X	X	X	X	X																								Provides information & referral in most categories listed. Greater Tucson area.
LEGAL SERVICES PROJECT FOR THE DEVELOPMENTALLY DISABLED Arizona Association for Retarded Citizens 5610 South Central Avenue Phoenix, AZ 85040 (602) 268-2200			X	X			X																			X				
MUSCULAR DYSTROPHY ASSOCIATION 2709 East McDowell Road Phoenix, AZ 85008 (602) 275-7516 Patient Services Coordinator			X					X	X		X							X	X	X		X	X		X		X			Northern Arizona.

ARIZONA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
MUSCULAR DYSTROPHY ASSOCIATION 2500 North Pantano Road Tucson, AZ 85712 (602) 885-6723 Patient Service Coordinator			X					X											X			X	X	X	X		X			Southern Arizona (7 counties).
NORTHERN AZ EASTER SEAL SOCIETY Box 747 Flagstaff, AZ (602) 774-1242		X	X		X		X											X	X	X			X	X	X		X		X	Northern Arizona.
VALLEY OF THE SUN REGISTRY OF INTERPRETERS FOR THE DEAF Judith Taussig, President 311 North Central Phoenix, AZ 85023		X					X									X														

DIRECTORY OF SPECIALIZED RESOURCES FOR BLIND, DEAF AND DEAF-BLIND PERSONS IN ARIZONA

1975. 33 p. ($ .50 postage outside AZ).

Section of Rehabilitation for the Blind
and Visually Impaired
1640 Grand Avenue
Phoenix, AZ 85007
Attention: Dr. Frank Kells

Listing of counseling, education, communication skills, aids and appliances, orientation and mobility, vocational evaluation, and other services.

ARKANSAS

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Arkansas Affiliate, Inc. 5422 West Markham Little Rock, AR 72205 (501) 666-9481 Executive Director					X			X	X	X	X						X								X			X	X	Operates summer camp (to age 16).
ARKANSAS DEPARTMENT OF EDUCATION Division of Instructional Services Arch Ford Education Building Little Rock, AR 72201 (501) 371-2161	X	X	X	X	X																									
ARKANSAS DEPARTMENT OF SOCIAL & REHABILITATION SERVICES 1801 Rebsamen Park Road P. O. Box 3781 Little Rock, AR 72203 (501) 371-2571	X	X	X	X	X																									
ARKANSAS EMPLOYMENT SECURITY COMMISSION P. O. Box 2981 Capital Mall Little Rock, AR 72203 (501) 371-2121	X	X	X	X	X		X						X	X	X															A staff person in each local office is responsible for services for disabled clients.
ARKANSAS ENTERPRISES FOR THE BLIND 2811 Fair Park Boulevard Little Rock, AR 72204 (501) 664-7100 Executive Director	X							X	X	X	X	X	X		X	X	X	X	X	X					X			X	X	
ARKANSAS LIBRARY COMMISSION Library for the Blind and Handicapped 311 West Capitol Little Rock, AR 72201 (501) 371-1155	X		X														X													

ARKANSAS

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
AR REGISTRY OF INTERPRETERS FOR THE DEAF 2313 West 25th Street Pine Bluff, AR 71601		X					X									X														
CYSTIC FIBROSIS FOUNDATION Arkansas Chapter 1612 Maryland Avenue Little Rock, AR 72202 (501) 374-9351 Executive Director					X	X			X	X							X													Literature and films available for teachers and health classes.
MEMPHIS EPILEPSY FOUNDATION 1835 Union Avenue, Suite 209 Memphis, TN 38104 (901) 274-1720				X				X	X	X	X	X	X	X			X	X				X				X		X	X	Conducts School Alert program - classroom presentations on epilepsy; offers employment advocacy; info on low cost drugs. Eastern AR.
MUSCULAR DYSTROPHY ASSOCIATION Arkansas Chapter 1200 Westpark Drive, Suite 203 Little Rock, AR 72204 (501) 664-8702 (501) 664-8704 Patient Services Patient Services Coordinator			X					X	X			X							X	X		X	X		X		X	X	X	Offers genetic counseling, dietitian services. Entire state except northeast corner.
MUSCULAR DYSTROPHY ASSOCIATION 5050 Poplar - Suite 1130 Memphis, TN 38157 (901) 682-5696 Patient Service Coordinator			X					X	X										X			X	X		X		X			Northeast Arkansas (13 counties).

DIRECTORY OF HEALTH, EDUCATION, AND WELFARE SERVICES - GREATER MEMPHIS AREA (excluding Shelby County)

1975. 269 p. Free.

Memphis Regional Medical Program
1300 Medical Center Towers
969 Madison Avenue
Memphis, TN 38104 (901) 522-8336

Types of services covered include physical therapy, speech and hearing, vocational rehabilitation, medical equipment, mental health, education. Also lists physicians, social workers, and other professionals. Arranged by county and includes Crittenden County, Arkansas.

HUMAN SERVICES DIRECTORY

Fall 1977 (Forthcoming). Approximately $12.00-$15.00 (Cost not yet determined).

Community Council of Central Arkansas
501 Continental Building
Little Rock, AR 72201 (501) 372-1221

Provides information on mental health, employment, special education, recreation, and other services, including some which may be particularly pertinent to disabled persons. Covers primarily Pulaski County area (but also state agencies and statewide voluntary health associations).

CALIFORNIA

ORGANIZATIONS	DISABILITY SERVED: Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	TYPE OF SERVICE: Information and referral	Direct services	Both info/referral & direct services	INFORMATION AND/OR SERVICES PROVIDED: Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
AMERICAN DIABETES ASSOCIATION Northern CA Affiliate, Inc. 255 Hugo Street San Francisco, CA 94122 (415) 681-8014					X	X											X													Serves Monterey, Kings, Tulare & Inyo counties, north to Oregon border.
AMERICAN DIABETES ASSOCIATION Southern CA Affiliate, Inc. 1127 Crenshaw Boulevard Los Angeles, CA 90019 (213) 938-7271 Program Department					X			X				X				X	X	X		X		X			X					10 Southern CA counties.
BRAILLE INSTITUTE OF AMERICA, INC. 741 North Vermont Avenue Los Angeles, CA 90029 (213) 663-1111 Student Services	X							X	X	X	X	X	X	X	X	X	X	X	X	X					X		X	X		Offers low vision testing, braille transcribing, and recording. Los Angeles and Southern California.
BRAILLE INSTITUTE OF AMERICA, INC. LIBRARY (Regional) 741 North Vermont Avenue Los Angeles, CA 90029 (213) 660-3880 Coordinator	X		X	X	X			X									X	X												Ten southern counties.
CA DEPARTMENT OF EDUCATION Office of Special Education Sacramento, CA 95814 (916) 445-4036	X	X	X	X	X																									
CALIFORNIA DEPARTMENT OF REHABILITATION (State VR) Health and Welfare Agency 722 Capitol Mall Sacramento, CA 95814 (916) 445-3971	X	X	X	X	X																									

CALIFORNIA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT 800 Capitol Mall Sacramento, CA 95814 (916) 445-9212	X	X	X	X	X		X						X	X	X															
CALIFORNIA STATE LIBRARY Books for the Blind & Physically Handicapped (Regional) 600 Broadway Sacramento, CA 95818 (916) 322-4090	X		X					X									X	X												Northern California.
CENTER FOR INDEPENDENT LIVING, INC. 2539 Telegraph Avenue Berkeley, CA 94704 (415) 64[illegible]-4776	X	X	X	X	X			X	X	X	X	X	X	X		X		X	X	X	X	X			X	X	X			Offers consultation services. Berkeley, Oakland and nearby areas.
CHILDREN'S HOSPITAL & HEALTH CENTER 8001 Frost Street San Diego, CA 92123 (714) 277-5808, Ext. 321, 351 Outpatient Department																														Offers genetic counseling.*
CREATIVE GROWTH 2505 Broadway Oakland, CA 94612 (415) 836-2340			X	X				X												X					X					Arts center; encourages creative self-expression in the visual arts. Alameda and Contra Costa counties.
CYSTIC FIBROSIS FOUNDATION Northern California Chapter 440 Baybridge Office Plaza Emeryville, CA 94608 (415) 653-5270					X	X											X													Northern California (Fresno to Oregon border).

* Offers many other services but most are available only to persons registered in medical programs at Children's Hospital; therefore they are not indicated here.

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
DEAF COUNSELING & REFERRAL AGENCY 1624 Franklin Street, Suite 1220 Oakland, CA 94612 (415) 465-9552		X						X	X	X	X	X				X			X	X						X				San Francisco Bay Area.
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF CALIFORNIA 742 Market Street, Suite 202 San Francisco, CA 94102 (415) 391-2006 Executive Director		X	X					X	X	X	X	X	X	X					X	X	X	X	X	X	X	X	X			Direct services provided by local affiliates. Contact state office for locations.
GLAD-INFO/INFORMATION & REFERRAL SERVICE FOR THE DEAF & HEARING IMPAIRED 621 S. Virgil Avenue, Room 201 Los Angeles, CA 90005 (213) 383-2220 Voice/TTY		X						X																						Los Angeles, Orange, Riverside counties. San Gabriel (213) 579-4474; San Fernando Valley (213) 780-2200 Voice/TTY.
MUSCULAR DYSTROPHY ASSOCIATION, INC 1118 E. Divisadero Street Fresno, CA 93721 (209) 237-6664 District Director			X					X														X	X		X		X			Serves Central San Joaquin Valley (7 counties).
MUSCULAR DYSTROPHY ASSOCIATION, INC 1806 Cliff Drive Santa Barbara, CA 93109 (805) 962-0500			X					X	X	X	X	X				X			X	X		X	X		X		X			Serves Santa Barbara, Ventura, and San Luis Obispo counties.
NORTHERN CALIFORNIA REGISTRY OF INTERPRETERS FOR THE BLIND 2601 Warring Street Berkeley, CA 94704		X					X									X														
OPTACON FUND INC. 399 Sherman Avenue, Suite 4 Palo Alto, CA 94306 (415) 329-0430 Project Manager, Vocational Specialist	X							X			X	X	X	X				X												Works with VR to develop new occupational opportunities; designs new sensory aids for jobs.

CALIFORNIA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
REGIONAL CENTERS FOR DEVELOPMENTAL DISABILITIES Developmental Disabilities Services Branch State Department of Health 744 P Street Sacramento, CA 95814			X	X				X																						Provide diagnosis, evaluation, counseling, treatment planning, advocacy. Numerous Centers located throughout state. Contact admin. Branch listed for nearest Center.
SOUTHERN CALIFORNIA REGISTRY OF INTERPRETERS FOR THE DEAF Caroline L. Preston, President 14825 Nordhoff Street Panorama City, CA 91402 (213) 892-1560 TTY/Voice		X					X									X														
SPINAL INJURIES SERVICE Rancho Los Amigos Hospital Downey, CA 90242 (213) 922-8131 Spinal Injuries Office			X					X	X	X	X	X	X		X	X	X		X	X	X	X	X	X	X		X			
UNITED CEREBRAL PALSY ASSOCIATION OF CALIFORNIA, INC. 120 North El Camino Real San Mateo, CA 94401 (415) 348-1641			X																											Direct services provided by local affiliates - contact state UCP for addresses.
WESTERN LAW CENTER FOR THE HANDICAPPED 849 S. Broadway, Suite #206 Los Angeles, CA 90014 (213) 972-0061 Information & Referral Specialist	X	X	X	X	X	X															X					X		X	X	

CALIFORNIA STATE PLAN FOR REHABILITATION FACILITIES

Annual (July). Free.

Department of Rehabilitation
Facilities Development Section
722 Capitol Mall, Room 4039
Sacramento, CA 95814

One section is a listing of rehabilitation facilities in state with information about services, disability group served, architectural barriers.

GLAD DIRECTORY OF RESOURCES AVAILABLE TO DEAF AND HARD OF HEARING PERSONS IN THE SOUTHERN CALIFORNIA AREA

1977. 56 p. $5.00 (includes membership and quarterly newsletter).

Greater Los Angeles Council on Deafness, Inc.
621 South Virgil Avenue
Los Angeles, CA 90005 (213) 383-2220

Coverage includes audiological services, camps, clubs and organizations, sign language and speechreading classes, mental health services, lawyers and physicians, and more.

HUMAN SERVICES DIRECTORY

1976. $15.00 per edition.

Social Services Agency
Fiscal Department, A702
401 Broadway
Oakland, CA 94607

Lists services in Alameda County; in 2 editions: North County (north of San Leandro) and South County (in and south of San Leandro).

RESOURCE DIRECTORY OF PROGRAMS AND SERVICES FOR DEVELOPMENTALLY DISABLED PERSONS IN ALAMEDA COUNTY

1975. 121 p. Free (to people in California).

Office of Developmental Disabilities
for Alameda County
499 Fifth Street, Room 100
Oakland, CA 94607

Categories of disabilities served include cerebral palsy, epilepsy, and neurological handicaps. Services include education, counseling, vocational preparation, and recreation. Indicates some services which are especially for foreign-speaking disabled persons and their families.

COLORADO

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Colorado Affiliate, Inc. 1045 Acoma Denver, CO 80204 (303) 573-8833 Executive Director					X			X	X	X	X	X	X				X												X	
COLORADO DEPARTMENT OF EDUCATION Pupil Services Unit State Office Building Denver, CO 80203 (303) 892-2727, 892-2282	X	X	X	X	X																									
CO DIV. OF EMPLOYMENT AND TRAINING 1210 Sherman Street Denver, CO 80203 (303) 893-2400, Ext. 223	X	X	X	X	X		X						X	X	X															
COLORADO DIVISION OF REHABILITATION Department of Social Services 1575 Sherman Street Denver, CO 80203 (303) 892-2652	X	X	X	X	X																									
COLORADO REGISTRY OF INTERPRETERS FOR THE DEAF Mary Mandeville, President 1848 11th Avenue Greeley, CO 80631		X					X									X														
COLORADO SCHOOL FOR THE DEAF AND THE BLIND Kiowa and Institute Streets Colorado Springs, CO 80903 (303) 636-5186	X	X																										X	X	Statewide consultation offered to teaching & guidance personnel in all matters concerning blind or deaf students.*

* Direct services offered to students at the Colorado School are not indicated here.

COLORADO

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																				
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
COLORADO STATE LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED 2030 Champa Street Denver, CO 80205 (303) 892-2081	X		X				X										X								X					
CYSTIC FIBROSIS FOUNDATION Colorado Chapter 1750 Humboldt Street, Suite 24 Denver, CO 80218 (303) 832-5832					X	X			X	X	X	X			X			X	X			X	X		X					Direct services offered through CF clinic at Univ. of CO Medical Center.
HEALTH ASSOCIATION OF THE PIKES PEAK REGION, INC. P. O. Box 4438 Colorado Springs, CO 80930 (303) 633-4601 Citizen Advocacy Coordinator			X		X	X															X		X		X		X			Disabilities served include cerebral palsy, multiple sclerosis, and kidney disease. Metro Colorado Springs.
HIGH PLAINS REHABILITATION CENTER 1404 South 6th Avenue Sterling, CO 80751 (303) 522-5858		X	X	X				X			X		X		X		X	X		X	X	X	X	X						
MENTAL HEALTH SERVICES FOR THE DEAF Fort Logan Mental Health Center 3520 West Oxford Denver, CO 80236 (303) 789-4272 TTY/Voice (303) 761-0220, Ext. 577 Voice		X					X		X	X	X	X	X	X		X				X		X	X	X	X			X	X	Northern half of CO (with possible expansion to entire state).
MILE HIGH UNITED WAY Community Services Department 2 Inverness Drive East Englewood, CO 80110 (303) 773-1000	X	X	X	X	X	X																								Offers info & referral serv. in most categs. listed; publishes Community services directory (lists numerous pertinent resources). Metro Denver area.

COLORADO

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
MUSCULAR DYSTROPHY ASSOCIATION 105 Fillmore #205 Denver, CO 80206 (303) 321-1016 Patient Services Coordinator			X					X	X										X	X		X	X		X		X	X	X	Consultation w/school personnel - to acquaint them with progressive neuromuscular diseases & limitations they impose.
ROCKY MOUNTAIN REHABILITATION CTR. 2501 East Yampa Street Colorado Springs, CO 80909 (303) 473-3475			X					X	X		X	X	X	X						X			X	X	X					

COLORADO DIRECTORY OF SERVICES FOR CHILDREN

1976. 232 p. $3.00.

Colorado Department of Social Services
1575 Sherman Street
Denver, CO 80203
Attention: CYCIS (303) 892-3537

Provides information on several hundred organizations serving children and adolescents, including those with developmental disabilities, visual impairments, and hearing impairments. Includes specialized health, counseling, special education, speech and hearing and other services. Indexed by geographical location and by disability or need.

DIRECTORY OF COMMUNITY SERVICES OF THE PIKES PEAK REGION

1976. 180 p. $4.00.

Community Planning & Research Council
25 East San Rafael
Colorado Springs, CO 80903 (303) 473-3215

Lists and describes numerous organizations; not directed towards services for disabled persons but does include some related organizations, e.g., Goodwill Industries, Colorado Association for Children with Learning Disabilities.

CONNECTICUT

ORGANIZATIONS	DISABILITY SERVED: Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	TYPE OF SERVICE: Information and referral	Direct services	Both info/referral & direct services	INFORMATION AND/OR SERVICES PROVIDED: Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
AMERICAN DIABETES ASSOCIATION Connecticut Affiliate, Inc. 17 Oakwood Avenue West Hartford, CT 06119 (203) 236-1948 Patient Education Coordinator					X	X			X	X	X	X					X		X	X					X	X		X	X	
ASSOCIATION OF CONCERNED COLLEGES ON RIGHTS OF THE DISABLED (ACCORD) 190 Willoughby Street, Room 2-V Brooklyn, NY 11201 (212) 834-6045	X	X	X	X				X		X		X	X			X	X	X	X	X	X					X	X	X	X	Specifically relates to higher education alternatives, sources of funding, architectural barrier removal. Southern CT.
CONNECTICUT BOARD OF EDUCATION & SERVICES FOR THE BLIND (State VR) 170 Ridge Road Wethersfield, CT 06109 (203) 249-8525	X																													
CONNECTICUT COUNCIL OF ORGANIZATIONS SERVING THE DEAF Hall Community Center, Room 116 50 South Main Street West Hartford, CT 06107 (203) 521-6565		X				X			X	X	X	X	X	X		X	X		X	X		X		X	X	X	X	X	X	
CT DEPARTMENT OF EDUCATION Bureau of Pupil Personnel and Special Educational Services Hartford, CT 06115 (203) 566-4383	X	X	X	X	X																									
CONNECTICUT DIVISION OF VOCATIONAL REHABILITATION 600 Asylum Avenue Hartford, CT 06105 (203) 566-7329		X	X	X	X																									

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
CONNECTICUT EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS 682 Prospect Avenue Hartford, CT 06105 (203) 236-3273 External Affairs	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	Also pulmonary, perceptual disorders. Local affiliates offer direct services - contact state office for locations.
CONNECTICUT EMPLOYMENT SECURITY DIVISION Hartford, CT 06115 (203) 566-4280	X	X	X	X	X		X						X	X	X															
CONNECTICUT REGISTRY OF INTERPRETERS FOR THE DEAF Fred Sparks, President P. O. Box 86 W. Hartford, CT 06107 (800) 842-1497 TTY/Voice		X					X									X														
CONNECTICUT STATE LIBRARY Library for the Blind and Physically Handicapped 90 Washington Street Hartford, CT 06106 (203) 566-3028	X		X														X													
CYSTIC FIBROSIS ASSOCIATION OF CONNECTICUT, INC. P. O. Box 7213 West Hartford, CT 06107 (203) 233-2608 Executive Director					X			X	X	X	X	X										X								Supplies medical equipment. Makes referrals to medical and other services.
EASTER SEAL GOODWILL INDUSTRIES REHABILITATION CENTER, INC. 20 Brookside Avenue New Haven, CT 06515 (203) 389-4561 Director of Patient/Client Servs.	X	X	X	X			X						X	X	X		X	X	X	X			X	X			X			South central CT.

CONNECTICUT

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
EASTER SEAL REHABILITATION CENTER OF SOUTHWESTERN CONNECTICUT, INC. 26 Palmer's Hill Road Stamford, CT 06902 (203) 325-1544 Admissions Office		X	X		X			X	X	X	X		X	X	X				X	X	X	X	X	X	X		X			Southwestern CT.
EPILEPSY FOUNDATION OF AMERICA Southern CT Chapter, Inc. 165 Ocean Terrace Bridgeport, CT 06605 (203) 334-0854				X		X						X		X												X		X	X	Fairfield and New Haven counties.
EPILEPSY LEAGUE OF GREATER HARTFORD, INC. 10 Woodland Street Hartford, CT 06105 (203) 247-0078 Executive Director				X		X										X														Advocacy. Greater Hartford area.
HARTFORD DIRECTION SERVICE Special Education Resource Center 275 Windsor Street Hartford, CT 06120 (203) 246-8514	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Information & referral service. Currently Greater Hartford area with possible statewide expansion.
HEMLOCKS OUTDOOR EDUCATION CENTER Jones Street Amston, CT 06231 (203) 228-9496 Program Director			X				X																		X					Year-round center for recreation programs for disabled children and adults.
MUSCULAR DYSTROPHY ASSOCIATION 179 Allyn Street Hartford, CT 06103 (203) 522-0193 Patient Service Coordinator			X					X											X			X	X		X		X			

CONNECTICUT

ORGANIZATIONS	DISABILITY SERVED: Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	TYPE OF SERVICE: Information and referral	Direct services	Both info/referral & direct services	INFORMATION AND/OR SERVICES PROVIDED: Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
NEW ENGLAND SPINAL CORD INJURY FOUNDATION, INC. 369 Elliot Street Newton Upper Falls, MA 02164 (617) 964-0521 Resource Coordinator			X			X			X		X	X	X	X				X	X	X	X	X	X		X	X	X			Also offers information on education, sexuality, other assistive organizations.
PROJECT SEARCH Education Center for the Arts 55 Audubon Street New Haven, CT 06511 (203) 777-5451 Project Coordinator		X	X					X							X		X												X	Program - Multi-arts curriculum for disabled students with exceptional creative potential; academic enrichment for disabled students with exceptional cognitive aptitude. Greater New Haven and Greater Hartford.
UNITED CEREBRAL PALSY ASSOCIATION OF CONNECTICUT, INC. One State Street New Haven, CT 06511 (203) 772-2080, 865-1388 Director of Client Services (RESPOND Advocacy Program)	X	X	X	X	X	X			X	X	X	X				X	X	X							X	X	X			Program - Resource to Encourage Services to Provide for the Ongoing Needs of the Disabled (RESPOND). Unaffiliated northeast and northwest CT, Greater New Haven area.

DIRECTORY OF SERVICES FOR THE DEAF IN CONNECTICUT

Will be revised during Fall 1977. For information contact:

Connecticut Council of Organizations
Serving the Deaf
Hall Community Center, Room 116
50 South Main Street
West Hartford, CT 06107 (203) 521-6565

RESOURCE DIRECTORY: A GUIDE TO SERVICES IN NEW ENGLAND FOR SPINAL CORD INJURED PERSONS

1976. 146 p. Single copy free.

New England Spinal Cord Injury
Foundation, Inc.
369 Elliot Street
Newton Upper Falls, MA 02164 (617) 964-0521

Provides information on many topics: psychological services, legal rights, equipment, employment, education, and more. Lists state and local addresses for numerous agencies in New England. Cites some publications relative to spinal cord injury.

DELAWARE

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Delaware Affiliate, Inc. 1925 Lovering Avenue Wilmington, DE 19806 (302) 656-0030					X	X				X										X								X	X	Offers consultation to school personnel on recognizing diabetic coma and insulin shock.
CYSTIC FIBROSIS FOUNDATION Western Savings Bank Bldg. #1308 Philadelphia, PA 19107 (215) 732-3185 Executive Director					X	X			X																					Offers information on medical equipment.
DELAWARE ASSOCIATION FOR THE BLIND 800 West Street Wilmington, DE 19801 (302) 655-2111	X						X		X	X	X	X							X	X	X				X	X	X			
DELAWARE BUREAU FOR THE VISUALLY IMPAIRED (State VR) Dept. of Health & Social Services 305 West Eight Street Wilmington, DE 19801 (302) 571-2851	X																													
DELAWARE DEPARTMENT OF LABOR 801 West Street Wilmington, DE 19899 (302) 571-2710	X	X	X	X	X		X						X	X	X															State Employment Security agency.
DE DEPARTMENT OF PUBLIC INSTRUCTION Exceptional Children/Special Programs Division Townsend Building Dover, DE 19901 (302) 678-5471	X	X	X	X	X																									

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DELAWARE

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
DELAWARE DIVISION OF LIBRARIES Handicapped Services (Regional) 215 Dover Street Dover, DE 19901 (302) 678-4523	X		X		X		X										X													Loans equipment for using nonprint materials.
DELAWARE DIVISION OF VOCATIONAL REHABILITATION 1500 Shallcross Avenue P. O. Box 1190 Wilmington, DE 19899 (302) 571-2851		X	X	X	X																									
DELAWARE LEARNING RESOURCE SYSTEM Dept. of Public Instruction Townsend Building Dover, DE 19901 (302) 678-4667	X	X	X	X	X			X								X	X	X	X									X	X	Special educ. materials centers throughout state provide instructional materials on loan.
DELAWARE REGISTRY OF INTERPRETERS FOR THE DEAF P. O. Box 147 Newark, DE 19711		X					X									X														
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN & ADULTS OF DEL MAR 2705 Baynard Boulevard Wilmington, DE 19802 (302) 658-6417	X	X	X	X				X	X			X	X	X			X		X	X	X		X	X	X	X	X		X	
SEIZURE CLINIC (Pediatric and Young Adult) Johns Hopkins Hospital & John F. Kennedy Institute 707 North Broadway Baltimore, MD 21205 (301) 955-5300				X				X	X		X	X		X								X						X	X	Provides comprehensive services (medical and psychosocial) to persons with epilepsy.

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
SPINA BIFIDA ASSOCIATION OF DELAWARE P. O. Box 266 New Castle, DE 19720			X			X			X		X						X				X				X					
UNITED CEREBRAL PALSY OF DELAWARE, INC. P. O. Box 44 1209 Orange Street Wilmington, DE 19899 (302) 656-8131			X					X	X		X	X	X							X					X		X			Also spina bifida. Offers Prevocational Training Program (must be referred by Vocational Rehabilitation counselors).

DIRECTORY OF HUMAN SERVICES FOR DELAWARE

1976. $5.00 for directory and updates.
$2.50 for directory only.

Division of State Service Centers
Delaware State Hospital
New Castle, DE 19720 (302) 421-6591

Not directed towards disability-related services but does include some, e.g., special education, vocational evaluation and training, mental health services, specialized health organizations.

DISTRICT OF COLUMBIA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Washington DC Area Affiliate 7961 Eastern Avenue Silver Spring, MD 20910 (301) 588-7755 Program Director					X			X		X	X					X	X								X	X		X	X	DC Metropolitan area.*
COMMUNITY SERVICE CENTER FOR THE HEARING IMPAIRED 2010 Rhode Island Avenue, N. E. Washington, DC 20018 (202) 447-0523 or 0524 Counselor/Administrator		X						X	X	X	X					X												X	X	Offers consultation re problems of deafness; advocacy for deaf clientele.
CYSTIC FIBROSIS FOUNDATION Metropolitan Washington DC Chapter 1028 Connecticut Ave., N. W. Suite 523-A Washington, DC 20036 (202) 296-2882					X	X				X										X		X	X							Predominantly a referral service for patients and parents. DC Metropolitan area.
DEVELOPMENTAL DISABILITIES LAW PROJECT 500 West Baltimore Street Baltimore, MD 21201 (301) 528-6307	X	X	X	X	X			X													X					X			X	Gives assistance re legal rights in areas of: employment, educ., access to medical records, sexual rights, etc.
DC BUREAU OF REHABILITATION SERVICES Social & Rehabilitation Services 122 C Street, N. W., 8th Floor Washington, DC 20001 (202) 629-5896	X	X	X	X	X																									

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* Whenever "DC Metropolitan area" is indicated, it includes neighboring Maryland and Virginia counties.

DISTRICT OF COLUMBIA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
DC DEPARTMENT OF MANPOWER Suite 600 Employment Security Building 500 C Street, N. W. Washington, DC 20001 (202) 393-6151 X383	X	X	X	X	X		X						X	X	X															Has a unit that serves physically handicapped clients.
DC DIVISION OF SPECIAL EDUCATIONAL PROGRAMS Special Education Suite 602 Presidential Building 415 12th Street, N. W. Washington, DC 20004 (202) 724-4018	X	X	X	X	X																									
DC PUBLIC LIBRARY (Regional) Special Services Division 901 G Street, N. W. Washington, DC 20001 (202) 727-2142 Chief	X	X	X	X				X								X	X								X				X	Offers taping services for students.
EPILEPSY FOUNDATION OF AMERICA Washington DC Area Chapter Goramn Building, B-5 3800 Reservoir Road Washington, DC 20007 (202) 223-1440 or 223-3449				X		X			X	X																X	X			Conducts self-help groups. Metropolitan DC area.
INFORMATION CENTER FOR HANDICAPPED INDIVIDUALS, INC. 1413 K Street, N. W., Suite 1200 Washington, DC 20005 (202) 347-4986	X	X	X	X	X	X			X	X	X	X	X							X	X	X	X	X	X	X	X			Also assists Spanish-speaking persons in locating appropriate services. DC Metropolitan area.

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																				
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
NATIONAL CENTER FOR LAW & THE DEAF 7th & Florida Avenues, N. E. Washington, DC 20002 (202) 447-0445 Voice/TTY		X				X																				X				Provides legal counseling & services to hearing impaired persons. DC Metropolitan area. See entry in National Organizations, p. 438, for info on its other services.
NATIONAL PARAPLEGIA FOUNDATION National Capital Area Chapter 5522 Greystone Street Washington, DC 20015 (301) 229-2397 (Info & referral) (301) 656-7747			X			X			X		X										X				X					A volunteer group. DC Metropolitan area.
POTOMAC REGISTRY OF INTERPRETERS FOR THE DEAF Mike Deninger, President 12705 Lode Street Bowie, MD 20715 (301) 577-6513 TTY/Voice		X					X									X														
SEIZURE CLINIC (Pediatric and Young Adult) Johns Hopkins Hospital & John F. Kennedy Institute 707 North Broadway Baltimore, MD 21205 (301) 955-5300				X				X	X		X	X		X								X						X	X	Provides comprehensive services (medical and psychosocial) to persons with epilepsy.

ACCESS WASHINGTON: A GUIDE TO METROPOLITAN WASHINGTON FOR THE PHYSICALLY DISABLED

1977. Free.

Information Center for Handicapped
Individuals, Inc.
1413 K Street, N. W., Suite 1200
Washington, DC 20005 (202) 347-4986

An accessibility guide to museums, sites of interest, government buildings, theaters, hotels, restaurants, and other places in the metropolitan DC area for persons with impaired mobility, such as wheelchair users, and blind persons. Notes accessibility of entrances, rest rooms, phones, elevators, etc.

DIRECTORY OF SERVICES FOR HANDICAPPING CONDITIONS

1977. Free.

Information Center for Handicapped
Individuals, Inc.
1413 K Street, N. W., Suite 1200
Washington, DC 20005 (202) 347-4986

A compendium of resources in the DC metropolitan area. Includes diagnosis and evaluation, counseling, medical, genetic counseling, speech and hearing, recreation, and vocational evaluation services and many more. Also lists parent groups and government and military facilities.

DIRECTORY OF SPECIAL TRANSPORTATION SERVICES IN THE METROPOLITAN WASHINGTON AREA

1977 (Forthcoming). Free.

Metropolitan Information Center
Metropolitan Washington Council of
Governments
1225 Connecticut Avenue, N. W.
Washington, DC 20036 (202) 223-6800 X284

Lists transportation services for disabled persons and indicates eligibility requirements, geographic area served, cost, type of vehicles, and other information about each service.

HANDBOOK ON THE LEGAL RIGHTS OF HANDICAPPED PEOPLE

See National Directories of Services and Materials, p. 446.

HERE COMES THE SUN: SUMMER PROGRAMS FOR HANDICAPPING CONDITIONS

1977. Free.

Information Center for Handicapped
Individuals, Inc.
1413 K Street, N. W., Suite 1200
Washington, DC 20005 (202) 347-4986

A listing of recreation and academic programs and those which combine both. Includes camps, remedial and summer school programs in the DC metropolitan area for youth with all types of disabilities.

RESOURCES FOR EYE CARE: WASHINGTON METROPOLITAN AREA

1975. 37 p. Free.

Prevention of Blindness Society
of Metropolitan Washington
1775 Church Street, N. W.
Washington, DC 20036 (202) 234-1010

Describes the types of information and direct services related to vision offered by a number of organizations and agencies. Includes medical care, orientation and mobility, availability of braille and tape materials, psychological services, and more.

FLORIDA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
CYSTIC FIBROSIS FOUNDATION South Florida Office 1330 Coral Way, Suite 200 Miami, FL 33145 (305) 854-0741 Executive Director or Assistant					X	X			X	X		X				X	X					X	X			X				Makes referrals to appropriate services. 15 southern Florida counties.
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN & ADULTS OF FLORIDA, INC. Route 1, Box 350 Sorrento, FL 32776 (904) 383-6186 Executive Director	X	X	X	X	X			X	X		X	X	X		X				X	X	X	X	X	X	X	X	X			Direct services provided by local units. Contact state office for locations.
FLORIDA BUREAU OF BLIND SERVICES (State VR) Department of Education 1309 Winewood Boulevard Tallahassee, FL 32301 (904) 791-2011	X																													
FLORIDA DEPARTMENT OF COMMERCE Collins Building, Suite 510 Tallahassee, FL 32304 (904) 488-3104	X	X	X	X	X		X						X	X	X															State Employment Security agency. Trained staff in local offices serve disabled clients.
FLORIDA DEPARTMENT OF EDUCATION Bureau of Education for Exceptional Students Tallahassee, FL 32304 (904) 488-1570, 488-3205	X	X	X	X	X																									
FLORIDA DIVISION OF VOCATIONAL REHABILITATION Department of Health & Rehabilitative Services 1309 Winewood Boulevard Tallahassee, FL 32301 (904) 488-5493		X	X	X	X																									

FLORIDA

ORGANIZATIONS	DISABILITY SERVED: Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	TYPE OF SERVICE: Information and referral	Direct services	Both info/referral & direct services	INFORMATION AND/OR SERVICES PROVIDED: Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
FLORIDA EPILEPSY FOUNDATION 226 West Pensacola Street Tallahassee, FL 32301 (904) 224-7561 Executive Director				X		X																								Advocacy. Direct services offered by local chapters - contact state office for locations.
FLORIDA REGIONAL LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED P. O. Box 2299 Daytona Beach, FL 32015 (904) 252-7616 (800) 342-5627 Field Services Librarian	X		X		X			X									X								X	X		X	X	Offers referrals to Florida Office of Blind Services.
FLORIDA REGISTRY OF INTERPRETERS FOR THE DEAF Betty Edwards, President 1010 South Hercules Avenue Clearwater, FL 33516 (813) 446-8290 TTY/Voice		X					X									X														
MUSCULAR DYSTROPHY ASSOCIATION 2203 Art Museum Dr., Suite 180 Jacksonville, FL 32207 (904) 398-4550 Patient Service Coordinator			X					X											X			X	X		X		X			Northeast Florida.
PENSACOLA PEN WHEELS, INC. 2520 Brooklyn Street Pensacola, FL 32504 See also Comments.			X					X													X				X					Can also contact: Ms. Pat Dunn Specialty Care Center 1101 W. Moreno Street Pensacola, FL 32501 Main goal is removal of architectural barriers. Northwest Florida.
UNITED CEREBRAL PALSY OF FLORIDA 309 Office Plaza, Suite 101 Tallahassee, FL 32301 (904) 878-2141			X			X				X											X					X		X	X	Direct services provided by local affiliates; contact state office for locations.

FLORIDA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
UNITED WAY 955 Southwest Second Avenue Miami, FL 33130 (305) 854-8311	X	X	X	X	X	X																								Operates a computerized information and referral network throughout Dade and Monroe counties.
WHEELCHAIR AWARENESS, INC. National Paraplegia Foundation P. O. Box 6171 Clearwater, FL 33518 President			X			X			X	X									X						X					Tampa Bay area.

DIRECTORY OF RESOURCES FOR THE DEVELOPMENTALLY DISABLED

1977 (Forthcoming). Free.

Florida Developmental Disabilities
Planning Council
1311 Winewood Boulevard, Building 5
Tallahassee, FL 32301 (904) 488-1552

Lists counseling, vocational evaluation and training, special education, speech and hearing, and related facilities in Florida. Also includes administrators and directors of Bureau of Education for Exceptional Students in every county.

GUIDE TO THE EPILEPSIES

n.d. 52 p. $3.50.

Florida Epilepsy Foundation
226 West Pensacola Street
Tallahassee, FL 32301 (904) 224-7561

Provides information on epilepsy - its medical, educational, vocational, and legal aspects. Also lists relevant resources in Florida, e.g., local epilepsy chapters, legal assistance, medical facilities.

GEORGIA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																				COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AID 630 Ellis Street Augusta, GA 30902 (404) 722-0466						X																								Referrals made in all categories listed; issues Guide to community resources. Richmond and Columbia counties.
AMERICAN DIABETES ASSOCIATION Georgia Affiliate 1447 Peachtree Street, N. E. Atlanta, GA 30309 (404) 881-1963					X	X					X	X					X			X					X			X		
EPILEPSY FOUNDATION OF AMERICA Suite 146 1600 Tully Circle, N. E. Atlanta, GA 30329 (404) 325-3380 Social Services Coordinator				X				X	X	X	X	X	X	X			X									X		X	X	
GA DEPARTMENT OF EDUCATION Div. of Early Childhood & Special Education Special Education Program Atlanta, GA 30334 (404) 656-2425	X	X	X	X	X																									Includes State Learning Resources System which offers information, consultation, and instructional materials.
GA DIVISION OF VOCATIONAL REHABILITATION 47 Trinity Avenue Atlanta, GA 30334 (404) 656-2621	X	X	X	X	X																									

GEORGIA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																				COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
GA EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN & ADULTS 1211 Spring Street, N. W. Atlanta, GA 30309 (404) 873-1391 Program Director		X	X	X	X			X		X	X	X	X	X					X	X	X		X	X	X					
GA EMPLOYMENT SECURITY AGENCY 290 State Labor Building Atlanta, GA 30334 (404) 656-3014	X	X	X	X	X		X						X	X	X															Has Supervisor of Services to Handicapped; local offices have liaison relationship with local VR offices.
GA REGISTRY OF INTERPRETERS FOR THE DEAF 250 Georgia Avenue, S. E. Room 211 Atlanta, GA 30312		X					X									X														
LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED State Department of Education 1050 Murphy Avenue, S. W. Atlanta, GA 30310 (404) 656-2465 Textbook Consultant	X		X				X									X	X													
MUSCULAR DYSTROPHY ASSOCIATION 2720 Sheraton Dr., Suite 150 Macon, GA 31204 (912) 743-5108 Patient Service Coordinator			X				X										X	X	X		X	X	X		X					South and central GA.

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids, devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
MUSCULAR DYSTROPHY ASSOCIATION Atlanta Area Chapter Suite 105 1680 Tully Circle, N. E. Atlanta, GA 30329 (404) 633-5151 Patient Service Coordinator			X					X	X		X								X			X	X		X		X			Metropolitan Atlanta area, north GA.
MUSCULAR DYSTROPHY ASSOCIATION Piedmont East, Suite 322 37 Villa Road Greenville, SC 29607 (803) 233-6331			X					X	X										X	X	X	X	X		X		X			Central Savannah River Region.
TIE-LINE Office of Consumer Affairs 618 Ponce de Leon, N. E. Atlanta, GA 30308 (800) 282-4900 (404) 656-7000 (Metro Atlanta) Information & Referral Staff	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

DIRECTORY OF HUMAN SERVICES

1977 (Forthcoming). Approximately $1.00.

United Way of Savannah-Chatham
County, Inc.
P. O. Box 9119
Savannah, GA 31402
Attn: Public Relations Director

Lists services in the Savannah-Chatham County area. Not directed towards disability-related services but does include some, e.g., specialized health agencies, speech and hearing center, state schools for blind and for deaf children.

HANDBOOK: RESOURCES FOR THE HANDICAPPED -- GREATER COLUMBUS AREA

1974. 253 p. $2.50.

Goodwill Industries, Inc.
5824 Whitesville Road
Columbus, GA 31904
Attn: Public Relations
Department (404) 324-4366

Lists and describes numerous programs and services for persons with all types of disabilities. Speech and hearing, medical, vocational training, counseling are among the services covered. Also lists relevant organizations outside the Greater Columbus area. Since this directory is 3 years old, some changes have undoubtedly occurred in the programs and services included, but it still may be a useful listing of disability-related resources.

HAWAII

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																				COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
EASTER SEAL SOCIETY FOR CRIPPLED ADULTS & CHILDREN OF HI COUNTY P. O. Box 715 Hilo, HI 96720 (808) 935-6310 Administrative Assistant			X	X	X		X		X														X	X						Island of Hawaii.
HAWAII DEPARTMENT OF EDUCATION Special Needs Branch 1270 Queen Emma St., Room 805 Honolulu, HI 96813 (808) 548-6923	X	X	X	X	X																									
HAWAII DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS 825 Mililani Street Honolulu, HI 96813 (808) 548-3150	X	X	X	X	X		X						X	X	X															
HAWAII DIVISION OF VOCATIONAL REHABILITATION Department of Social Services & Housing Queen Liliuokalani Bldg. Rm. 216 P. O. Box 339 Honolulu, HI 96809 (808) 548-6367	X	X	X	X	X																									
HAWAII EPILEPSY SOCIETY 200 North Vineyard, Room 605 Honolulu, HI 96817 (808) 536-9685 Social Worker				X				X	X		X		X				X												X	
HAWAII REGISTRY OF INTERPRETERS FOR THE DEAF 3144 Kaunaoa Street Honolulu, HI 96815 (808) 735-2259 TTY/Voice		X					X									X														

HAWAII

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED 402 Kapahulu Avenue Honolulu, HI 96815 (808) 732-7767 Circulation Librarian	X	X	X					X								X	X	X												Also provides transcribing services in braille, large type and audio formats. HI and US Pacific Islands.
MUSCULAR DYSTROPHY ASSOCIATION Hawaii Chapter 680 Ala Moana Blvd., Suite 414 Honolulu, HI 96813 (808) 536-8844 Patient Services Coordinator			X					X	X										X		X	X	X		X		X			
UNITED CEREBRAL PALSY ASSOCIATION OF HAWAII 245 North Kukui Street Honolulu, HI 96817 (808) 533-6453 Executive Director	X	X	X				X													X			X	X	X					
VOLUNTEER, INFORMATION AND REFERRAL SERVICE 200 North Vineyard Blvd. #603 Honolulu, HI 96817 (808) 521-4566	X	X		X		X			X	X	X	X	X	X											X	X	X			Publishes Directory of social resources. Island of Oahu.

IDAHO

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
COAD (Coalition Advocacy) 1095A Federal Way Boise, ID 83705 (208) 336-5353			X	X		X															X					X				Personal and protective advocacy coalition of Idaho volunteer agencies concerned with disabled individuals.
IDAHO COMMISSION FOR THE BLIND Statehouse Boise, ID 83720 (208) 384-3220	X																													State VR.
IDAHO CYSTIC FIBROSIS FOUNDATION 805 West Idaho, Room 330 Boise, ID 83702 (208) 336-0734					X			X	X			X		X								X	X					X	X	
IDAHO DEPARTMENT OF EDUCATION Special Education State Office Building Boise, ID 83720 (208) 384-2203	X	X	X	X	X																									
IDAHO DEPARTMENT OF EMPLOYMENT 317 Main Street P. O. Box 35 Boise, ID 83707 (208) 384-2731	X	X	X	X	X		X						X	X	X															Employment Service Counselors are trained to test and counsel handicapped individuals.
IDAHO REGISTRY OF INTERPRETERS FOR THE DEAF Jim Palmer, President 1970 Shoup Avenue East Twin Falls, ID 83301 (208) 734-5042		X					X									X														

IDAHO

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
IDAHO STATE LIBRARY Department for the Blind and Physically Handicapped 325 West State Street Boise, ID 83702 (208) 384-2150	X		X				X										X													
ID VOCATIONAL REHABILITATION DIV. 1501 McKinney Boise, ID 83704 (208) 384-3390		X	X	X	X																									
INFORMATION & REFERRAL SERVICE, INC. 2706 West Bannock Boise, ID 83706 (208) 343-4996	X	X	X	X	X	X																								Network of I&R Services in ID; answers inquiries in most areas listed. Contact Boise I&R for locations.
MUSCULAR DYSTROPHY ASSOCIATION 612 Great Western Building P. O. Box 15 Spokane, WA 99210 (509) 747-5188 Patient Service Coordinator			X					X	X										X	X	X	X	X		X					Northern Idaho.
MUSCULAR DYSTROPHY ASSOCIATION P. O. Box 8048 Portland, OR 97207 (503) 223-3177 Patient Service Coordinator			X					X											X	X	X	X	X		X		X	X	X	Meets with school staff to discuss medical and psychosocial issues re neuromuscular diseases. Southern Idaho.
REGIONAL RESOURCE CENTER FOR THE DEAF Oregon College of Education Maaske Hall Monmouth, OR 97361 (503) 838-1220, Ext. 444 Counselor With the Deaf		X						X	X	X	X	X	X	X	X	X	X	X			X	X		X	X	X		X	X	OR Coll. of Educ. has annual Career Day on campus for hearing imp. h.s. students; staff visits high schools to inform students about support servs. available at OCE.

CONSUMER HANDBOOK TO HEALTH SERVICES IN THE TREASURE VALLEY

1976. Free.

Information & Referral Service, Inc.
2706 West Bannock
Boise, ID 83706 (208) 343-4996

Lists voluntary health agencies, mental health services and other health facilities in southwest Idaho. Not directed specifically towards services for disabled persons.

SERVICE-RESOURCE DIRECTORY FOR DEAF AND HEARING IMPAIRED INDIVIDUALS - IDAHO

1976. 27 p. Free.

Regional Resource Center for the Deaf
and Hearing Impaired
Maaske Hall, Oregon College of Education
Monmouth, OR 97361 (503) 838-1220
Attn: Assistant Director Ext. 444

Provides names of interpreters, counselors, religious workers, and audiologists who can communicate with hearing impaired persons; lists educational programs, speech and hearing clinics, sign language classes, and other facilities in Idaho.

ILLINOIS

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Downstate Illinois Affiliate 3172 Redlich Drive Decatur, IL 62521 (217) 422-8228					X	X					X									X					X					Central and southern Illinois.
AMERICAN DIABETES ASSOCIATION Greater Chicago & Northern IL Affiliate 620 North Michigan Avenue Chicago, IL 60611 (312) 943-8668					X																									
CO-ORDINATING COUNCIL FOR HANDICAPPED CHILDREN 407 South Dearborn Chicago, IL 60605 (312) 939-3513	X	X	X	X	X	X																				X				Offers info on special education services and how to obtain them; Supplemental Security Income (SSI). Chicago and suburbs.
CYSTIC FIBROSIS FOUNDATION Central Illinois Chapter 320 East Armstrong Peoria, IL 61603 (309) 672-6378					X			X														X								Provides referral service. Central Illinois.
DIAGNOSTIC LEARNING CENTER Mid Central Association 3202 North Wisconsin Peoria, IL 61603 (309) 672-6715 Referral Clerk	X	X	X	X	X		X				X	X	X	X	X	X	X	X	X	X	X	X	X	X		X			X	Central IL (11 counties around Peoria).
EASTER SEAL SOCIETY OF ILLINOIS FOR CRIPPLED CHILDREN AND ADULTS 2715 South Fourth Street P. O. Box 1767 Springfield, IL 62705 (217) 525-0398	X	X	X		X			X	X		X		X		X		X		X	X	X		X	X	X		X			Local affiliates, not state office, offer direct services. Contact state office for locations.

ILLINOIS

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
EPILEPSY FOUNDATION OF AMERICA Chicago Metropolitan Chapter 22 West Monroe Chicago, IL 60603 (312) 332-4107 Social Services Coordinator				X				X	X	X	X	X	X	X			X											X	X	Offers self-help groups, parent groups. Metro. Chicago and 9 surrounding counties.
ILLINOIS ASSOC. OF THE DEAF 600 North Waukegan Road Glenview, IL 60025 (312) 676-1888 Executive Secretary		X																												Concerned with the welfare of hearing impaired persons.
IL BUREAU OF EMPLOYMENT SECURITY 910 South Michigan Avenue Chicago, IL 60605 (312) 793-3500	X	X	X	X	X		X						X	X	X															Designated staff in local offices provide services to disabled persons.
IL DIV. OF VOCATIONAL REHAB. 623 East Adams Street Springfield, IL 62706 (217) 782-2093	X	X	X	X	X																									
IL FEDERATION OF THE BLIND, INC. P. O. Box 1336 Springfield, IL 62705 President	X					X			X		X										X				X	X		X		Consumer organization.
IL OFFICE OF EDUCATION Specialized Educational Services Department 100 North First Street Springfield, IL 62777 (217) 782-2445	X	X	X		X			X				X	X			X	X	X	X	X						X	X	X	X	Preparing document on counselor & exceptional child. Has REMIS ctrs. in state (Regional Educational Media & Info. Services) which provide materials.

ILLINOIS

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
IL REGIONAL LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED 4544 North Lincoln Chicago, IL 60625 (312) 561-3971 Librarian	X		X				X										X													Loans playback equipment. Offers direct services in Chicago and supports services of Subregional Libraries in state.
IL REGISTRY OF INTERPRETERS FOR THE DEAF Chris Hunter, President 222 Willow Road Streamwood, IL 60103 (312) 289-7348		X					X									X														
IL SPINA BIFIDA ASSOCIATION P. O. Box 1974 G Elmhurst, IL 60126			X					X	X	X	X					X	X	X	X						X					Offers information to parents and other interested persons; provides speakers.
MUSCULAR DYSTROPHY ASSOCIATION 1129 South Second Street Springfield, IL 62704 (217) 544-0291 Patient Service Coordinator			X					X	X										X			X	X		X		X			Southern two-thirds of Illinois.
MUSCULAR DYSTROPHY ASSOCIATION 1023 South Big Bend St. Louis, MO 63117 (314) 644-2828 Patient Service Coordinator			X					X	X		X								X	X		X	X		X		X			Madison, St. Clair and Monroe counties.
NATIONAL PARAPLEGIA FOUNDATION Rockford Chapter 104 North Second Street Rockford, IL 61104 (815) 968-2772			X			X			X		X								X		X									Organization of active spinal cord injured persons who can provide info from their personal experiences. Rockford area.

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
NORTHERN ILLINOIS UNIVERSITY Dept. of Communication Disorders Institute on Deafness DeKalb, IL 60115 (815) 753-1076, 753-1481		X						X	X	X	X	X	X		X	X	X			X	X			X				X	X	Develops resource materials (e.g., tapes for instructors of driver ed. programs for deaf individuals).
ROCK RIVER VALLEY EPILEPSY ASSOC. 206 W. State St., Rm. 311 Rockford, IL 61101 (815) 964-2689 Social Service Coordinator				X				X		X	X			X											X					Illinois Region 1A.
UNITED CEREBRAL PALSY OF ILLINOIS, INC. 309 South Third Street Springfield, IL 62701 (217) 789-0390	X	X	X					X	X					X	X			X	X	X	X	X			X	X				

RESOURCE GUIDE FOR THE PHYSICALLY HANDICAPPED OF CHICAGO

n.d. 128 p. $1.00.

ACCESS CHICAGO
Rehabilitation Institute of Chicago
345 East Superior Street
Chicago, IL 60611 (312) 649-6190

Presents information on many topics, including equipment, transportation, employment, recreation and sports, education, legislation, related organizations. Although primary focus is Chicago area, gives much information to persons beyond this area.

RESOURCE MANUAL FOR COUNSELORS OF VISUALLY IMPAIRED STUDENTS

1976. 32 p. Free.

Illinois Office of Education
Specialized Educational Services
Department
100 North First Street
Springfield, IL 62777 (217) 782-2445

Presents information on attitudes towards blindness and alternative techniques used by blind persons (such as braille and tape materials, mobility aids, adapted job equipment). Then lists and describes available programs and services, e.g., state agencies, education, libraries, consumer groups.

SOCIAL SERVICE DIRECTORY: METROPOLITAN CHICAGO

1976. 232 p. $15.00 prepaid.

Council for Community Services
in Metropolitan Chicago
Publications Department
64 East Jackson Boulevard
Chicago, IL 60604 (312) 427-9151

Lists and describes numerous special education, health, speech and hearing, counseling, and other services in Cook, DuPage and Lake counties. Also includes a listing of directories.

STATE-WIDE DIRECTORY OF SERVICES AND PROGRAMS FOR THE HEARING IMPAIRED IN ILLINOIS

1975. 21 p. $2.00.

Illinois Association of the Deaf
600 North Waukegan Road
Glenview, IL 60025
Attn: Executive Secretary (312) 676-1888

Identifies educational programs, clubs, speech and hearing services, counseling, religious organizations, interpreters, and more. Also lists some national organizations.

INDIANA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Indiana Affiliate 1433 North Meridian Street Indianapolis, IN 46202 (317) 634-1719 Executive or Associate Director					X	X											X			X								X	X	
CYSTIC FIBROSIS FOUNDATION 3843 North Meridian Street Indianapolis, IN 46208 (317) 925-6409					X			X	X	X	X	X				X	X			X		X	X		X	X		X	X	
EPILEPSY FOUNDATION OF INDIANA 4002 Meadows Drive, Suite 300 Indianapolis, IN 46205 (317) 545-8571 Director of Community Resources				X		X																				X		X	X	
INDIANA ASSOCIATION OF THE DEAF 1200 East 42nd Street Indianapolis, IN 46205 IAD Community Affairs Committee	X	X						X		X		X				X	X			X					X	X				
INDIANA DEPT. OF PUBLIC INSTRUCTION Division of Special Education 120 West Market Street (10th fl.) Indianapolis, IN 46204 (317) 633-4763	X	X	X	X	X																									
INDIANA EMPLOYMENT SECURITY DIV. 10 North Senate Avenue Indianapolis, IN 46204 (317) 633-7670	X	X	X	X	X		X						X	X	X															Each local office designates specialist for services to disabled persons.
INDIANA REGISTRY OF INTERPRETERS FOR THE DEAF 1405 Broad Ripple Avenue Indianapolis, IN 46205		X					X									X														

INDIANA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
INDIANA REHABILITATION SERVICES 1028 Illinois Building 17 W. Market Street Indianapolis, IN 46204 (317) 633-5687	X	X	X	X	X																									
INDIANA SPINA BIFIDA ASSOCIATION Michiana Chapter c/o Services for Crippled Children P. O. Box 1935 South Bend, IN 46634 (219) 234-6260 Officers, Newsletter Editor			X																						X					Self-help supportive group of persons with spina bifida and parents. Has lending library of reading materials. Central, northwestern Indiana.
INDIANA STATE LIBRARY Division for the Blind and Physically Handicapped 140 North Senate Avenue Indianapolis, IN 46204 (317) 633-5404 Regional Librarian	X		X					X									X													
MUSCULAR DYSTROPHY ASSOCIATION, INC. 3969 Meadows Drive, Suite 105 Indianapolis, IN 46205 (317) 542-8108 Patient Services Coordinator			X					X											X			X	X		X		X			
NATIONAL PARAPLEGIA FOUNDATION Northeastern Indiana Chapter 1900 Randalia Fort Wayne, IN 46805 President			X					X	X		X										X				X	X	X			Offers assistance to newly paralyzed persons; willing to speak with professional groups. Northeastern IN.

INDIANA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
NATIONAL PARAPLEGIA FOUNDATION K. L. Zollman Chapter 1212 Wigwam Drive Kokomo, IN 46901 (317) 453-2757			X					X											X						X					Serves Howard County.
NORTHERN ILLINOIS UNIVERSITY Dept. of Communication Disorders Institute on Deafness DeKalb, IL 60115 (815) 753-1076, 753-1481		X						X	X	X	X	X	X		X	X	X			X	X			X				X	X	Develops resource materials (e.g. tapes for instructors of driver education programs for deaf individuals).
TASK FORCE ON EDUCATION OF THE HANDICAPPED 1005 East LaSalle South Bend, IN 46617 (219) 234-7101 Information Specialist	X	X	X	X	X	X			X	X		X	X	X	X	X	X	X	X	X		X	X	X	X	X	X			Organization of handicapped persons and parents. St. Joseph County.
TRI-STATE EPILEPSY ASSOCIATION, INC. 421 North Main Street Evansville, IN 47711 (812) 426-1451				X				X	X				X												X			X	X	Serves Region 13.
UNITED CEREBRAL PALSY OF INDIANA 445 North Pennsylvania Street Indianapolis, IN 46204 (317) 634-7134 Executive Director			X			X			X	X		X		X											X	X			X	

DIRECTORY OF SERVICES FOR THE CEREBRAL PALSIED

n.d. 37 p. Free.

United Cerebral Palsy of Indiana
445 North Pennsylvania Street
Indianapolis, IN 46204 (317) 634-7134

Includes a listing of programs and services throughout the state for persons with cerebral palsy.

DIRECTORY OF SERVICES FOR THE HANDICAPPED IN INDIANA

1976. 183 p. Free.

Division for the Handicapped
Indiana State Board of Health
1330 West Michigan Street
Indianapolis, IN 46206 (317) 633-5680

Lists and describes mental health services, private schools, state residential schools, speech and hearing clinics, camps, and other services for persons with all types of diabilities.

GUIDE TO SPECIAL EDUCATION IN INDIANA

1976. 42 p. $2.00.

United Cerebral Palsy of Indiana
445 North Pennsylvania Street
Indianapolis, IN 46204 (317) 634-7134

Presents brief information about types of programs, rights to an appropriate program, transportation, and other special education issues, as well as information about cerebral palsy. Also lists some related organizations.

RESOURCE MANUAL 1977-78

1977. $1.25.

Mental Health Association of
St. Joseph County, Inc.
1005 East LaSalle Avenue
South Bend, IN 46617 (219) 234-1049

Gives information on numerous counseling, vocational, health, legal, and other services for persons (disabled and nondisabled) in the South Bend area.

IOWA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Iowa Affiliate c/o Lutheran Hospital Penn at University Des Moines, IA 50316 (515) 265-6662 Executive Director					X	X											X								X					Forming youth groups. Diabetic students can attend Youth Camp until age 16.
CYSTIC FIBROSIS FOUNDATION 8401 West Dodge Road #17 Omaha, NE 68114 (402) 393-3260					X			X	X	X	X						X			X										Pottawatamie and Mills counties.
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF IOWA, INC. P. O. Box 4002 Des Moines, IA 50333 (515) 289-1933 Home Service Program			X	X	X			X				X	X						X		X		X	X	X					
EPILEPSY FOUNDATION OF AMERICA Iowa Chapter Westlawn, Box 200 University of Iowa Iowa City, IA 52242 (319) 356-2349				X		X			X			X	X				X					X	X	X	X	X				
IOWA ASSOCIATION OF THE DEAF Joseph Myklebust, President Box 1561 Council Bluffs, IA 51501 (712) 366-9383		X				X																			X	X				
IOWA COMMISSION FOR THE BLIND Fourth and Keosauqua Des Moines, IA 50309 (515) 283-2601	X																													State VR.

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
IOWA DEPARTMENT OF JOB SERVICE 1000 East Grand Avenue Des Moines, IA 50319 (515) 281-5361	X	X	X	X	X		X						X	X	X															
IOWA DEPARTMENT OF PUBLIC INSTRUCTION Division of Special Education Grimes State Office Building Des Moines, Iowa 50319 (515) 281-3176	X	X	X	X	X																									
IOWA REHABILITATION EDUCATION AND SERVICES BRANCH (State VR) 507 10th Street - Fifth Floor Des Moines, IA 50309 (515) 247-4311		X	X	X	X																									
IOWA STATE REGISTRY OF INTERPRETERS FOR THE DEAF 507 10th Street Des Moines, IA 50309 (515) 255-6148		X					X									X														
LIBRARY (Regional) See address for Iowa Commission for the Blind	X		X														X													
MUSCULAR DYSTROPHY ASSOCIATION 4403 1st Avenue, S.E., Room 105 Cedar Rapids, IA 52402 (319) 393-8905 District Director, Patient Service Coordinator			X					X											X						X		X			Eastern Iowa.

ORGANIZATIONS	DISABILITY SERVED: Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	TYPE OF SERVICE: Information and referral	Direct services	Both info/referral & direct services	INFORMATION AND/OR SERVICES PROVIDED: Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
MUSCULAR DYSTROPHY ASSOCIATION 2911 Hubbell Avenue, Suite #10 Des Moines, IA 50317 (515) 265-7311 Patient Service Coordinator			X					X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X			West Iowa, approximately 42 counties.
MUSCULAR DYSTROPHY ASSOCIATION SD-Northwest Iowa Chapter 1506 East 10th Street Sioux Falls, SD 57103 (605) 339-2728 Patient Service Coordinator			X				X												X			X	X		X		X			Also consultation/in-service training for school nurses. Plymouth, Woodbury, Lyons, and Sioux counties.
UNITED CEREBRAL PALSY OF IOWA 319 East Fifth Des Moines, IA 50309 (515) 244-0436 Director, Program Services			X					X	X		X						X		X		X				X			X	X	Consumer advocacy. Also seeks to coordinate applicable community resources and services for persons with cerebral palsy; holds driver education workshops.

YOU CAN GET THERE FROM HERE: BUS AND TAXI SERVICES IN IOWA

1976. 56 p. Free.

Iowa Department of Transportation
State Capitol
Des Moines, IA 50319 (515) 247-4265

Includes listing of "rural and special services" (transportation) in each area of Iowa but unfortunately does not indicate which primarily serve disabled persons. However, it is sometimes possible to distinguish this by name (e.g., Dallas Co. Center for the Handicapped, Tri-State Independent Blind Society), and it may be a beginning point of information for persons seeking special transportation services. (A revision with descriptive information about services, e.g., special vans, would increase its usefulness.)

KANSAS

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Kansas Affiliate, Inc. 2312 East Central Wichita, KS 67214 (316) 265-6671 Educational Coordinator					X			X	X	X	X					X	X								X			X	X	
BRAILLE ASSOCIATION OF KANSAS, INC. Box 17032 Wichita, KS 67217 (316) 522-6921 Workshop Manager	X						X										X													Mainly Sedgwick County for transcriptions; entire state for duplication of masters.
CEREBRAL PALSY RESEARCH FOUNDATION 4320 East Kellogg Wichita, KS 67218 (316) 683-5627			X					X		X	X	X	X	X	X	X		X	X	X			X	X	X		X			
CYSTIC FIBROSIS FOUNDATION Heart of America Chapter 7920 Ward Parkway, Room 206 Kansas City, MO 64114 (816) 363-5636 Executive Director					X	X						X					X													Lung-related and digestive system diseases. Several counties in Kansas City area.
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN & ADULTS OF KANSAS 214 West Sixth Street P. O. Box 1774 Topeka, KS 66601 (913) 354-9501			X																											
GREATER KANSAS CITY REGISTRY OF INTERPRETERS FOR THE DEAF Grace Price, President 2328 Oakley Street Kansas City, MO 64127		X					X									X														

KANSAS

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
KANSAS ASSOCIATION OF THE DEAF 1209 Cynthia Lawrence, KS 66044 (913) 842-8232		X				X							X	X		X	X								X	X				
KANSAS DEPARTMENT OF EDUCATION Special Education Office 120 East 10th Street Topeka, KS 66612 (913) 296-3866	X	X	X	X	X																									
KANSAS DIVISION OF EMPLOYMENT Department of Human Resources 401 Topeka Boulevard Topeka, KS 66603 (913) 296-5076	X	X	X	X	X		X						X	X	X															
KANSAS DIVISION OF VOCATIONAL REHABILITATION Department of Social & Rehabilitative Services 6th Floor, State Office Building Topeka, KS 66612 (913) 296-3911		X	X	X	X																									
KANSAS PARALYSIS CHAPTER, INC. 2247 Ida Street Wichita, KS 67211 (316) 262-3054			X			X														X	X				X					Services and referrals are designed for individuals 18 & older, but younger persons are not excluded if they could benefit. Metropolitan Wichita.
KS REHAB. CENTER FOR THE BLIND 2516 West 6th Street Topeka, KS 66606 (913) 296-3311 Supervisor	X							X		X	X	X	X		X	X		X	X	X					X			X	X	Offers career assessment & preparatory course for high school grads. who plan to attend postsec programs.

KANSAS

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
KANSAS SERVICES FOR THE BLIND & VISUALLY HANDICAPPED (State VR) Biddle Bldg. - 2700 West 6th St. Topeka, KS 66606 (913) 296-4454	X																													
KANSAS STATE LIBRARY Division for the Blind and Physically Handicapped 529 Kansas Avenue Topeka, KS 66603 (913) 296-3642	X		X					X									X	X												
MUSCULAR DYSTROPHY ASSOCIATION 2759 South Meridian Wichita, KS 67217 (316) 943-2393 Patient Service Coordinator			X					X	X		X	X	X						X	X	X	X	X		X		X			South central & southwest Kansas.
MUSCULAR DYSTROPHY ASSOCIATION 308 West Commercial Springfield, MO 65803 (417) 866-5117 District Director, Patient Service Coordinator			X					X	X										X	X		X	X		X		X			Southeast Kansas.
NATIONAL PARAPLEGIA FOUNDATION Greater Kansas City Chapter 3011 Baltimore Kansas City, MO 64108 (816) 452-1493 President			X			X															X									Johnson & Wyandotte counties.

ENVISIONING BETTER SERVICES FOR VISUALLY IMPAIRED - CHILDREN, YOUTH, ADULTS - IN KANSAS

1975. 16 p. Free.

Kansas Department of Education
Special Education Office
120 East 10th Street
Topeka, KS 66612

Describes several programs for visually impaired persons, and lists related facilities and organizations.

KANSAS DIRECTORY OF DEVELOPMENTAL DISABILITY SERVICES AND FACILITIES

1976. 71 p. Free.

Division of Mental Health & Retardation
State Office Building, 5th floor
Topeka, KS 66612

Indicates whether counseling, evaluation, vocational training, education, personal care, and other services are available at facilities listed. Arranged by regions of the state.

RESOURCE INFORMATION DIRECTORY OF SERVICES TO HANDICAPPED CHILDREN IN KANSAS

1976. Free.

Kansas Department of Education
Special Education Office
120 East 10th Street
Topeka, KS 66612 (913) 296-3866

Presents information on facilities (e.g., mental health services, vocational evaluation centers) for handicapped youth in Kansas.

KENTUCKY

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
CYSTIC FIBROSIS FOUNDATION Greater Cincinnati Chapter 2330 Victory Parkway Cincinnati, OH 45206 (513) 221-8058					X	X																								Beginning to develop patient services. Boone, Campbell, & Kenton counties in KY.
KENTUCKY BUREAU OF REHABILITATIVE SERVICES Capital Plaza Office Tower Frankfort, KY 40601 (502) 564-4440	X	X	X	X	X																									
KY DEPARTMENT FOR HUMAN RESOURCES (State Employment Security agency) Room 237 - Capitol Annex Frankfort, KY 40601 (502) 564-7130	X	X	X	X	X		X						X	X	X															In each local office there is staff (usually a counselor) designated to work with handicapped clients.
KENTUCKY DEPARTMENT OF EDUCATION Bureau of Education for Exceptional Children West Frankfort Complex U. S. 127 South Frankfort, KY 40601 (502) 564-4970	X	X	X	X	X																									
KENTUCKY EPILEPSY FOUNDATION 845 Lane Allen Road, Suite 14 Lexington, KY 40504 (606) 278-5472				X				X	X		X	X														X		X	X	
KENTUCKY REGIONAL LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED Box 818 Frankfort, KY 40601 (502) 564-5532 (800) 372-2968 (In state only)	X		X					X								X	X	X												

KENTUCKY

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
KENTUCKY REGISTRY OF INTERPRETERS FOR THE DEAF Edward F. Peltier, President P. O. Box 27 Danville, KY 40422 (606) 236-6040 TTY/Voice		X					X									X														
MUSCULAR DYSTROPHY ASSOCIATION, INC. Kentucky Chapter Starks Building, #1163 455 River City Mall Louisville, KY 40202 (502) 583-8823 Patient Service Coordinator			X					X											X			X	X		X		X			Offers genetic counseling. Kentucky, except southwestern corner.
SPINA BIFIDA ASSOCIATION OF CINCINNATI, INC. P. O. Box 38403 Cincinnati, OH 45238 (513) 931-5488, 922-8880			X			X			X	X	X								X		X	X			X	X	X			Also urinary disorders. Interested in beginning services for teenagers. Northern Kentucky.
UNITED CEREBRAL PALSY OF KENTUCKY Radio Building - Room 202 307 West Main Street Frankfort, KY 40601 (502) 875-3693			X			X														X	X		X						X	

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
BATON ROUGE REGISTRY OF INTERPRETERS FOR THE DEAF Rev. Kenneth Smith, President 738 St. Charles Street Baton Rouge, LA 70802 (504) 383-6095		X					X									X														
BLIND SERVICES PROGRAM (State VR) 2120 Scenic Highway P. O. Box 44065 Baton Rouge, LA 70804 (504) 389-6262	X						X		X		X	X	X	X	X	X	X	X	X	X		X	X	X		X	X			Provides Talking Book Machine Program.
EASTER SEAL SOCIETY OF LOUISIANA FOR CRIPPLED CHILDREN AND ADULTS 3939 Veterans Blvd., Suite 218 Metairie, LA 70002 (504) 885-9960 Program Director	X	X	X		X			X					X						X		X				X		X			Offers wheelchair basketball; may assist financially with appliances.
LOUISIANA ASSOCIATION OF THE DEAF 9425 Oliphant Drive Baton Rouge, LA 70809 (504) 389-2902 President		X				X																								Consumer organization. Advocates needs of deaf people; provides information/referral, consultation.
LA DEPARTMENT OF EDUCATION Special Educational Services Capitol Station P. O. Box 44064 Baton Rouge, LA 70804 (504) 389-2591, 389-5291	X	X	X	X	X																									Special Education Centers located throughout state. Learning Resources System offers media and materials services.
LA DEPT. OF EMPLOYMENT SECURITY 1001 North 23rd P. O. Box 44094 Baton Rouge, LA 70804 (504) 387-2192	X	X	X	X	X		X						X	X	X															

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
LOUISIANA DIVISION OF VOCATIONAL REHABILITATION State Board of Education P. O. Box 44371 Baton Rouge, LA 70804 (504) 389-5596		X	X	X	X																									
LOUISIANA EPILEPSY ASSOCIATION 234 Loyola Bldg., Suite 603 New Orleans, LA 70112 (504) 523-3879 Services Coordinator				X				X				X		X			X									X				Has Speakers Bureau; provides free drug assistance & educational assistance. LA except southwestern corner.
LOUISIANA REGISTRY OF INTERPRETERS FOR THE DEAF Janie C. Powell, President 721 St. Ferdinand Street New Orleans, LA 70117 (504) 368-2025 TTY/Voice		X					X									X														
LOUISIANA STATE LIBRARY Dept. for the Blind & Physically Handicapped (Regional) P. O. Box 131 Baton Rouge, LA 70821 (504) 389-6651	X		X														X													
MUSCULAR DYSTROPHY ASSOCIATION 1908 Jefferson Street Lafayette, LA 70501 (318) 233-7313 Patient Service Coordinator			X					X														X	X		X		X			Offers genetic counseling and diagnostic testing. Southwestern LA (16 parishes).
MUSCULAR DYSTROPHY ASSOCIATION 610 Marshall Street, Suite 922 Shreveport, LA 71101 (318) 425-3249 Patient Services Coordinator			X					X											X			X			X					North LA.

LOUISIANA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
SHREVEPORT REGISTRY OF INTERPRETERS FOR THE DEAF Onita Harkness, President 10049 Smitherman Shreveport, LA 71105		X					X									X														
UNITED CEREBRAL PALSY OF LOUISIANA, INC. 1710 Franklin Street Gretna, LA 70053 (504) 362-3306			X					X									X		X		X		X	X	X		X	X	X	

COMMUNITY SERVICES DIRECTORY
(and updates)

1974-1976. 250 p. $2.00.

Capital Area United Way
1006 Florida Street
P. O. Box 2349
Baton Rouge, LA 70821
(504) 383-2643

Covers many programs and services in the Baton Rouge area, including a number which are disability-related, such as special education, specialized health, vocational rehabilitation.

MAINE

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION New England Affiliate 377 Elliot Street Newton Upper Falls, MA 02164 (617) 965-2323 Executive Director	X				X			X	X	X	X									X										Accepts all inquiries and tries to assist individuals in every possible way.
CYSTIC FIBROSIS FOUNDATION Downeast Chapter 100 College Avenue P. O. Box 506 Waterville, ME 04901 (207) 872-8787 Executive Director					X	X			X	X	X	X	X															X	X	
MAINE BUREAU OF REHABILITATION 32 Winthrop Street Augusta, ME 04330 (207) 289-2266	X	X	X	X	X																									
MAINE DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES Division of Special Education Augusta, ME 04330 (207) 289-3451	X	X	X	X	X																									
MAINE EMPLOYMENT SECURITY COMMISSION 20 Union Street Augusta, ME 04332 (207) 289-3814	X	X	X	X	X		X						X	X	X															Special Service Unit primarily concerned with disabled clients.
MAINE REGISTRY OF INTERPRETERS FOR THE DEAF Anne Roseberry-Grange, President 95 Pine Street Portland, ME 04102 (207) 774-8480 Voice		X					X									X														

MAINE

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
MAINE STATE LIBRARY, Library Services for the Blind and Physically Handicapped (Regional) Cultural Building Augusta, ME 04333 (207) 289-3950/3959	X	X	X	X		X											X													
MID-STATE UNITED CEREBRAL PALSY, INC. 125 State Street Augusta, ME 04330 (207) 622-9351 Program Manager			X					X	X	X		X	X	X	X		X	X	X	X	X	X	X	X					X	Offers prevocational evaluation and training.
MUSCULAR DYSTROPHY ASSOCIATION Suite 402 10 Congress Square Portland, ME 04101 (207) 772-5418 Patient Service Coordinator			X					X	X		X	X	X			X			X		X	X	X		X		X			
NEW ENGLAND SPINAL CORD INJURY FOUNDATION, INC. c/o Bureau of Rehabilitation 32 Winthrop Street Augusta, ME 04330 (207) 289-2141 Resource Coordinator			X			X			X		X	X	X	X				X	X	X	X	X	X		X	X	X			Also offers information on education, sexuality, other assistive agencies.
PARAPLEGIA ASSOCIATION AND WHEELCHAIR CONFINED, INC. 407 Water Street Hallowell, ME 04347			X					X													X				X	X				Citizens orgztn of persons in wheelchairs. South, central and western ME.

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
PINE TREE SOCIETY FOR CRIPPLED CHILDREN AND ADULTS 84 Front Street P. O. Box 518 Bath, ME 04530 (207) 443-3341	X	X	X					X																						
RESOURCE CENTER FOR VISUALLY HANDICAPPED, INC. 277 Minot Avenue Auburn, ME 04210 (207) 782-1548	X						X									X	X								X		X			Helps parents with tutoring, clothing, limited financial aid. Lewiston, Auburn, Portland area.
UNITED CEREBRAL PALSY OF NORTHEASTERN MAINE, INC. 103 Texas Avenue Bangor, ME 04401 (207) 947-6771 Social Worker			X					X	X											X		X	X	X	X			X	X	Also visual, hearing and epilepsy when associated with CP. Penobscot, Piscataquis, Hancock, Washington, Waldo counties.

MAINE HUMAN RESOURCES INDEX

n.d. $2.00.

Pine Tree Society for Crippled
Children and Adults, Inc.
84 Front Street
P. O. Box 518
Bath, ME 04530 (207) 443-3341

Covers many services for most disabilities, e.g., counseling, employment, financial assistance, occupational and physical therapy, information and referral. Arranged both by service and by geographic area.

RESOURCE DIRECTORY: A GUIDE TO SERVICES IN NEW ENGLAND FOR SPINAL CORD INJURED PERSONS

1976. 146p. Single copy free.

New England Spinal Cord Injury
Foundation, Inc.
c/o Bureau of Rehabilitation
32 Winthrop Street
Augusta, ME 04330 (207) 289-2141

Provides information on many topics: psychological services, legal rights, equipment, employment, education, and more. Lists state and local addresses for numerous agencies in New England. Cites some publications relative to spinal cord injury.

MARYLAND

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Maryland Affiliate 3701 Old Court Road Baltimore, MD 21208 (301) 358-7050					X	X			X	X		X					X			X					X					
CYSTIC FIBROSIS FOUNDATION Maryland Chapter 7525 Belair Road Baltimore, MD 21236 (301) 661-6363 Executive Director					X			X	X	X	X						X	X					X				X			State of Maryland excluding Prince George and Montgomery counties.
DEVELOPMENTAL DISABILITIES/LAW PROJECT 500 West Baltimore Street Baltimore, MD 21201 (301) 528-6307	X	X	X	X	X			X													X					X			X	Gives assistance re legal rights in areas of: employment, educ., access to medical records, sexual rights, etc.
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF DEL MAR 2705 Baynard Boulevard Wilmington, DE 19802 (302) 658-6417	X	X	X	X				X	X			X	X	X			X		X	X	X		X	X	X	X	X		X	Eastern shore of MD.
EPILEPSY ASSOCIATIONS OF MD 2514 North Charles Street Baltimore, MD 21218 (301) 243-4811 Advocate, Public Educ. Director				X				X	X	X	X														X	X		X	X	Offers general intervention problem-solving services.
MD DEPARTMENT OF EDUCATION Division of Special Education P. O. Box 8717, BWI Airport Baltimore, MD 21240 (301) 796-8300, X 245 or 248	X	X	X	X	X																									

MARYLAND

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
MD DIVISION OF VOCATIONAL REHAB. State Department of Education Box 8717, BWI Airport Baltimore, MD 21240 (301) 796-8300	X	X	X	X	X																									
MD EMPLOYMENT SECURITY ADMIN. State Office Building 1100 North Eutaw Street, Rm. 616 Baltimore, MD 21201 (301) 383-5070	X	X	X	X	X		X						X	X	X															
MD INFORMATION & REFERRAL SERVICE FOR THE HANDICAPPED 1001 North Calvert Street Baltimore, MD 21202 (301) 383-6523 Director	X	X	X	X	X	X			X	X	X	X	X	X			X		X			X	X	X	X	X	X			Also emotional illness, speech disorders, etc. Will tackle any problem a handicapped individual is having.
MD SOCIETY FOR CRIPPLED CHILDREN AND ADULTS 3700 Fourth Street Baltimore, MD 21225 (301) 355-7676		X	X	X	X			X	X		X	X								X	X		X	X						
MD STATE LIBRARY FOR THE PHYSICALLY HANDICAPPED 1715 North Charles Street Baltimore, MD 21201 (301) 383-3111	X	X	X	X				X									X													Loans record and cassette players.
MUSCULAR DYSTROPHY ASSOCIATION 201 W. Padonia Rd., Suite 602 Timonium, MD 21093 (301) 252-5910 Patient Service Coordinator			X					X											X			X	X		X		X			Offers genetic counseling. State of MD (not incl. Prince George and Montgomery counties).

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
POTOMAC REGISTRY OF INTERPRETERS FOR THE DEAF Mike Deninger, President 12705 Lode Street Bowie, MD 20715 (301) 577-6513 TTY/Voice		X					X									X														
SEIZURE CLINIC (Pediatric and Young Adult) Johns Hopkins Hospital & John F. Kennedy Institute 707 North Broadway Baltimore, MD 21205 (301) 955-5300				X				X	X		X	X		X								X						X	X	Provides comprehensive services (medical and psychosocial) to persons with epilepsy.

DIRECTORY OF COMMUNITY RESOURCES: MONTGOMERY COUNTY, MARYLAND

1977. $25.00.

Office of Human Resources
12 Maryland Avenue
Rockville, MD 20850 (301) 279-1900

Provides information on a wide range of programs and services, such as counseling, employment, health. Includes services relevant to persons with all types of disabilities. Has subject index.

DIRECTORY OF COMMUNITY SERVICES IN MARYLAND

Fall 1977 (Forthcoming). Approx. $8.50.

Health and Welfare Council of
Central Maryland, Inc.
200 East Lexington Street
Baltimore, MD 21202 (301) 752-4146

Lists and describes public and private organizations throughout the state in the areas of education, health, recreation and related services. Includes disability-related facilities and programs.

DIRECTORY OF SERVICES FOR THE HANDICAPPED IN MARYLAND

1975 (To be revised soon). 639 p. $15.00 prepaid.

John F. Kennedy Institute
707 North Broadway
Baltimore, MD 21205
(301) 955-4108

Attn: Director, Purchasing and Supply

Lists over 500 agencies offering disability-related services, such as special education, medical care, genetic counseling, vocational counseling and testing, legal services, and more. Arranged by county and has indexes according to service and handicapping condition. Also includes information on military facilities, 4-H clubs, and scouting programs for handicapped individuals.

HANDBOOK ON THE LEGAL RIGHTS OF HANDICAPPED PEOPLE

See National Directories of Services and Materials, p. 446.

See also District of Columbia listing for resources in those areas which are included in Metropolitan DC.

MASSACHUSETTS

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION New England Affiliate 377 Elliot Street Newton Upper Falls, MA 02164 (617) 965-2323 Executive Director	X				X			X	X	X	X									X										Accepts all inquiries and tries to assist individuals in every possible way.
BOSTON SELF-HELP CENTER c/o Greenhouse 12 Essex Street Cambridge, MA 02139 (617) 492-0050	X	X	X	X	X		X		X	X	X																	X		Personal growth groups specifically for, and led by, disabled persons and counselors. Willing to run groups in schools. Boston area.
CYSTIC FIBROSIS FOUNDATION Massachusetts Chapter 824 Boylston Street Chestnut Hill, MA 02168 (617) 739-9090					X																									
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN & ADULTS OF MASSACHUSETTS 37 Harvard Street Worcester, MA 01608 (617) 757-2756 Director, Program Services		X	X					X											X	X	X		X	X	X	X	X			Info/Referral Service; advocacy.
EPILEPSY SOCIETY OF MASSACHUSETTS 3 Arlington Street Boston, MA 02116 (617) 267-4341				X				X		X	X	X								X					X			X	X	Offers self-help groups.

MASSACHUSETTS

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
FEDERATION FOR CHILDREN WITH SPECIAL NEEDS 120 Boylston St., Suite 338 Boston, MA 02116 (617) 482-2915 Advocate Specialist	X	X	X	X	X	X										X	X	X	X		X		X	X	X	X	X	X	X	Includes spina bifida, cardiac condition, cleft lip/palate, tuberous sclerosis. Advocacy, especially in educ. Maintains resource library; can direct interested persons to parent/consumer groups.
MA ASSOCIATION FOR THE BLIND 200 Ivy Street Brookline, MA 02146 (617) 738-5110 Dept. of Community Services	X							X								X	X	X	X	X					X		X	X	X	
MA ASSOCIATION OF PARAPLEGICS, INC. P. O. Box 48 Bedford, MA 01730 (617) 275-6078			X					X				X						X	X	X	X				X	X	X	X	X	Informal peer counseling. Offers as resource: disabled persons in occups. of interest to students.
MA COMMISSION FOR THE BLIND 110 Tremont Street Boston, MA 02108 (617) 727-5580	X																													State VR.
MA DEPARTMENT OF EDUCATION Division of Special Education 31 St. James Avenue Boston, MA 02116 (617) 727-5770	X	X	X	X	X																									
MA DIV. OF EMPLOYMENT SECURITY Hurley Employment Security Bldg. Government Center Boston, MA 02114 (617) 727-6600	X	X	X	X	X		X						X	X	X															Provides specialists in services to the handicapped in local offices.

MASSACHUSETTS

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
MA PARENTS' ASSOCIATION FOR THE DEAF AND HARD OF HEARING Box 303 Boston, MA 02101 (617) 443-8513		X				X																								Provides information on hearing impairments.
MA REGISTRY OF INTERPRETERS FOR THE DEAF P. O. Box 2046 Framingham Center Framingham, MA 01701		X					X									X														
MA REHABILITATION COMMISSION 296 Boylston Street Boston, MA 02116 (617) 727-2172		X	X	X	X																									
MA STATE ASSOCIATION OF THE DEAF 5 Hill Street Natick, MA 01760 (617) 879-5722		X				X																								A consumer organization concerned with the rights of the deaf.
MUSCULAR DYSTROPHY ASSOCIATION 391 Totten Pond Road Waltham, MA 02154 (617) 890-0300 Patient Service Coordinator			X					X	X										X			X	X		X		X			Provides clinical care. Greater Boston area, but other chapters in Braintree, Springfield, Worcester.
NEW ENGLAND SPINAL CORD INJURY FOUNDATION, INC. 369 Elliot Street Newton Upper Falls, MA 02164 (617) 964-0521 Resource Coordinator or Librarian			X			X			X		X	X	X	X				X	X	X	X	X	X		X	X	X			Also offers information on educ., sexuality, other assistive agencies.
PARAPLEGIA ASSOCIATION OF RI Box 6906 Providence, RI 02940 Membership Chairperson			X					X											X		X				X	X	X			RI and nearby MA.

MASSACHUSETTS

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
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REGIONAL LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED Perkins School for the Blind 175 North Beacon Street Watertown, MA 02172 (617) 924-3434 Ext. 231	X		X					X				X				X	X	X	X											Entire state, except Talking Book Service for central MA provided by Worcester Public Library (Subregional).
RHODE ISLAND SCHOOL FOR THE DEAF Adult Services Corliss Park Providence, RI 02908 (401) 277-3525 Director		X						X	X		X	X		X		X	X													RI and nearby MA.
UNITED CEREBRAL PALSY ASSOCIATION OF BERKSHIRE COUNTY 742 North Street Pittsfield, MA 01201 (413) 442-1562			X					X	X	X	X							X	X		X		X		X	X			X	Also operates weekly arts & crafts workshop. Willing to talk with school personnel, usually on a one-to-one basis. All Berkshire County.
UNITED CEREBRAL PALSY ASSOCIATION OF METROPOLITAN BOSTON 210 Webster Street West Newton, MA 02165 (617) 965-9850 Social Worker			X					X	X	X	X					X		X	X	X	X		X		X	X	X	X	X	Can help arrange short-term transportation (e.g., for medical care, testing). Makes referrals. Metropolitan Boston.
UNITED CEREBRAL PALSY ASSOCIATION OF THE NORTH SHORE, INC. 29 Lowell Street Peabody, MA 01960 (617) 532-2727 Program Director			X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Advocacy. 35 communities north of Boston and east of Lawrence.

MASSACHUSETTS

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
VISION FOUNDATION OF MASSACHUSETTS 14 White Pine Knoll Road Wayland, MA 01778 (617) 235-2606 Head of Group Coordinators	X					X				X	X														X					An info center and emotional support system, especially for persons losing vision and newly blind.

DIRECTORY OF RESIDENTIAL AND NON-RESIDENTIAL SERVICE PROVIDERS IN MASSACHUSETTS

Rev. ed. 1977. Approx. 900 p. $15.00 prepaid (plus $1.50 if mailed.)

State Book Store
State House, Room 116
Boston, MA 02133 (617) 727-2834

A comprehensive listing of medical, educational, and rehabilitation services, with eligibility requirements, rates and other information about each entry. Local offices of state agencies (e.g., welfare, vocational rehabilitation) will have copies, and because of the detailed nature of the directory, counselors may prefer to use the copy at one of these offices. Public libraries may also have copies.

INFORMATION AND RESOURCES FOR THE NEWLY BLIND AND VISUALLY HANDICAPPED OF MASSACHUSETTS

1977 (Forthcoming). Single copy free.

MA Commission for the Blind
Office of the Commissioner
110 Tremont Street
Boston, MA 02108 (617) 727-5580

Compiled by Vision Foundation and available in large print and tape. Partial contents: organizations serving the blind; careers and jobs; genetic counseling; hobbies and sports; reading materials; transporation.

RESOURCE DIRECTORY: A GUIDE TO SERVICES IN NEW ENGLAND FOR SPINAL CORD INJURED PERSONS

1976. 146 p. Single copy free.

New England Spinal Cord Injury Foundation, Inc.
369 Elliot Street
Newton Upper Falls, MA 02164 (617) 964-0521

Provides information on many topics: psychological services, legal rights, equipment, employment, education, and more. Lists state and local addresses for numerous agencies in New England. Cites some publications relative to spinal cord injury.

WHEN YOUR CHILD IS HEARING IMPAIRED: A PARENT'S GUIDE TO FACILITIES FOR HEARING IMPAIRED CHILDREN IN MASSACHUSETTS

1976. 56 p. $ .50 handling cost.

MA Parents' Association for the Deaf
and Hard of Hearing
P. O. Box 303
Boston, MA 02101 (617) 443-8513

Lists hearing evaluation centers, educational programs, state organizations, sign language courses, and other services. Also suggests reading list and gives information on hearing aids.

MICHIGAN

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
BLIND AND PHYSICALLY HANDICAPPED LIBRARY State Library Services Box 30007 Lansing, MI 48909 (517) 373-1590	X		X		X			X								X	X													Provides reference and research service. All of Michigan except Wayne County.
CYSTIC FIBROSIS FOUNDATION 971 Midland Road Saginaw, MI 48603 (517) 793-8383					X	X			X	X	X	X	X							X			X			X		X	X	All of Michigan except Detroit Metropolitan area.
CYSTIC FIBROSIS FOUNDATION Metropolitan Detroit Chapter 1528 Woodward Avenue Detroit, MI 48226 (313) 965-1267, 881-9185 Family Services Coordinator or Executive Director					X			X	X		X																			Offers home visits as support to families; provides drug and medical assistance in temp. emergency situations. Wayne, Oakland and Macomb counties.
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN & ADULTS OF MI, INC. 10601 Puritan Detroit, MI 48238 (313) 341-1721 Executive Director			X					X		X		X								X			X		X		X			Some areas of state will not have all services listed. Some might give special assistance if requested.
GREATER DETROIT SOCIETY FOR THE BLIND 1401 Ash Street Detroit, MI 48208 (313) 964-1234 Director of Social Services	X							X	X	X	X	X					X		X	X					X				X	Develops & publishes Occupational Info Library for the Blind (available for purchase in card catalog format or on cassettes).

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
INFORMATION AND REFERRAL SERVICE Capital Area United Way, Inc. 300 North Washington Avenue Lansing, MI 48914 (517) 372-8550 Director	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Publishes The answer (a human resources directory to services in the Greater Lansing area), which includes numerous disability-related services. Ingham, Eaton, and Clinton counties.
MICHIGAN ASSOC. OF THE BLIND, INC. 2210 Pembroke Road Lansing, MI 48906 (517) 371-1721	X																													Concerned with the total well being of visually impaired persons.
MI ASSOC. OF THE DEAF, INC. 8377 West Long Lake Drive Kalamazoo, MI 49002 (616) 343-3845		X				X																								Makes referrals to appropriate persons, programs and services.
MI DEPARTMENT OF EDUCATION Special Education Services P. O. Box 30008 Lansing, MI 48909 (517) 373-1695	X	X	X	X	X																									
MI DIV. OF SERVICES FOR THE BLIND 300 South Capitol Avenue Lansing, MI 48926 (517) 373-2062	X																													
MI EMPLOYMENT SECURITY COMMISSION 7310 Woodward Avenue Detroit, MI 48202 (313) 872-4900	X	X	X	X	X		X						X	X	X															Each branch office has Handicapped Placement Specialist who provides specialized service to handicapped clients.

MICHIGAN

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
MI REGISTRY OF INTERPRETERS FOR THE DEAF Kenneth Rust, President 8401 Charter Oaks Drive Davison, MI 48423		X					X									X														
MI VOCATIONAL REHABILITATION SERVICE P. O. Box 1016 Lansing, MI 48904 (517) 373-3390		X	X	X	X																									
MUSCULAR DYSTROPHY ASSOCIATION 304 Waters Building Grand Rapids, MI 49503 (616) 459-4331 Patient Service Coordinator			X					X	X	X	X					X			X	X	X	X	X		X		X	X	X	West and southwest areas.
MUSCULAR DYSTROPHY ASSOCIATION 6425 S. Pennsylvania Avenue Suite 2 Lansing, MI 48910 (517) 394-0050 Patient Service Coordinator			X					X											X		X	X	X		X		X			South central Michigan.
MUSCULAR DYSTROPHY ASSOCIATION Genessee, Shiawassee, & Lapeer Chapter 214 Dryden Building 601 South Saginaw Flint, MI 48502 (313) 232-9261 Patient Service Coordinator			X					X	X	X	X		X				X	X	X		X	X	X		X		X	X	X	Genesee, Shiawassee, and Lapeer counties.

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	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
NORTHERN ILLINOIS UNIVERSITY Dept. of Communication Disorders Institute on Deafness DeKalb, IL 60115 (815) 753-1076, 753-1481		X						X	X	X	X	X	X		X	X	X			X	X			X				X	X	Develops resource materials (e.g., tapes for instructors of driver ed programs for deaf individuals).
UNITED CEREBRAL PALSY ASSOCIATION OF MICHIGAN, INC. 202 East Boulevard Drive, Rm. 360 Flint, MI 48503 (313) 239-9459			X					X										X	X							X		X	X	Offers consultation for program development and implementation; sometimes purchases equipment.
WAYNE COUNTY LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED 33030 Van Born Road Wayne, MI 48184 (313) 274-2600 or 722-8000 Head Librarian	X		X		X	X										X	X													Offers library reference service. Wayne County (incl. Detroit).

PUBLIC AGENCY SERVICES: AN INDEX FOR THE DEVELOPMENTALLY DISABLED

1977. Free.

United Cerebral Palsy Association
of Michigan, Inc.
202 East Boulevard Drive, Room 360
Flint, MI 48503 (313) 239-9459

Describes services and lists local addresses of pertinent state agencies in Michigan, such as social services, vocational rehabilitation, mental health, special education, advocacy and protective services, supplemental security income program.

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
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AMERICAN DIABETES ASSOCIATION Minnesota Affiliate, Inc. 7601 Bush Lake Road Minneapolis, MN 55435 (612) 835-2800					X															X										
CHILD EVALUATION & TREATMENT PROG. Medical Center Rehab. Hospital University of North Dakota Grand Forks, ND 58201 (701) 772-8141 Ext. 151 Coordinator		X	X	X	X			X	X	X	X				X				X	X		X	X	X	X		X	X	X	Outpatient services. (See also Vocational Adjustment Department.) Northwest MN.
COMMUNITY INFORMATION & REFERRAL SERVICE 404 South 8th Street Minneapolis, MN 55404 (612) 340-7431	X	X	X	X	X	X																								Operates computerized resource file; publishes Directory of community services. Greater Minneapolis area.
CYSTIC FIBROSIS FOUNDATION Minnesota Chapter 2516 Lyndale Avenue South Minneapolis, MN 55405 (612) 827-3655 Executive Director, Office Mgr.					X	X			X	X									X	X		X							X	Works with medical and supportive staff affiliated with University of Minnesota Hospitals.
INFORMATION AND VOLUNTEER CENTER OF OLMSTED COUNTY, INC. 913 S. E. 3rd Avenue Rochester, MN 55901 (507) 289-3999	X	X	X	X	X	X																								Maintains social service resource file; issues Resources in Olmsted County.
MINNEAPOLIS HEARING SOCIETY 2100 Stevens Avenue South Minneapolis, MN 55404 (612) 870-0321 General Office		X						X	X	X	X				X	X	X			X					X					Operates hearing aid bank. Serves Twin Cities.

MINNESOTA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
MINNESOTA DEPARTMENT OF EDUCATION Special Education Section Capitol Square, 550 Cedar Street St. Paul, MN 55101 (612) 296-8179	X	X	X	X	X																									
MINNESOTA DEPARTMENT OF EMPLOYMENT SERVICES 390 North Robert Street St. Paul, MN 55101 (612) 296-3711	X	X	X	X	X		X						X	X	X															Each area office has a staff member whose responsibility includes service to handicapped persons.
MINNESOTA DEVELOPMENTAL DISABILITIES ADVOCACY PROJECT 501 Park Avenue Minneapolis, MN 55415 (612) 338-0968 Managing Attorney			X	X			X										X									X		X	X	Primary responsibility is provision of direct legal and advocacy services.
MINNESOTA DIVISION OF VOCATIONAL REHABILITATION Administrative Office - 8th Fl. Capitol Square Building 550 Cedar Street St. Paul, MN 55101 (612) 296-5619		X	X	X	X																									
MINNESOTA EPILEPSY LEAGUE 404 South Eighth Street Minneapolis, MN 55404 (612) 340-7630				X				X		X	X	X		X												X			X	Offers self-help groups.
MINNESOTA OFFICE OF INFORMATION AND REFERRAL SERVICES Department of Public Welfare Centennial Office Building St. Paul, MN 55155 (612) 296-2870	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	A support office for local I & R services throughout MN. Contact office for local addresses.

MINNESOTA

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	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
MINNESOTA REGIONAL LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED Braille and Sight Saving School Faribault, MN 55021 (507) 334-6411 Ext. 279	X		X					X									X													
MINNESOTA REGISTRY OF INTERPRETERS FOR THE DEAF St. Paul Technical Vocational Institute 235 Marshall Avenue St. Paul, MN 55102 (612) 227-9121 TTY/Voice		X					X									X														
MINNESOTA STATE COUNCIL FOR THE HANDICAPPED 208 Metro Square Building 7th and Robert St. Paul, MN 55101 (612) 296-6785 Information Officer	X	X	X	X	X	X							X	X		X	X		X		X	X	X	X	X	X	X	X	X	Makes referrals for direct services.
MINNESOTA STATE SERVICES FOR THE BLIND AND VISUALLY HANDICAPPED 1745 University Avenue - 1st Fl. St. Paul, MN 55104 (612) 296-6034	X																													
MUSCULAR DYSTROPHY ASSOCIATION 401 East Superior Street Duluth, MN 55802 (218) 727-3466 District Director, Patient Service Coordinator			X					X	X		X							X	X	X	X	X	X		X		X			Northern Minnesota.
NATIONAL PARAPLEGIA FOUNDATION Hiawatha Valley Chapter Box 136 Rochester, MN 55901			X																											

MINNESOTA

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NORTHERN EPILEPSY ASSOCIATION P. O. Box 762 Fargo, ND 58102				X		X			X		X					X	X				X				X	X	X			A consumer group. Region 4 of MN.
NORTHERN ILLINOIS UNIVERSITY Dept. of Communication Disorders Institute on Deafness DeKalb, IL 60115 (815) 753-1076, 753-1481		X						X	X	X	X	X	X		X	X	X			X	X			X				X	X	Develops resource materials (e.g., tapes for instructors of driver ed programs for deaf individuals).
SERVE CENTER 916 Area Vo-Tech Institute 3300 Century Avenue White Bear Lake, MN 55110 (612) 770-2351	X	X	X	X				X			X	X	X	X		X	X	X	X	X			X	X					X	
SPINA BIFIDA ASSOCIATION OF MN 4848 Hampshire Avenue, North Crystal, MN 55428 (612) 533-5244 Corresponding Secretary			X			X																								Group of parents/adults with spina bifida; provides info/referral in most areas listed.
UNITED CEREBRAL PALSY OF MINNESOTA 380 S. Griggs - Midway Building 1821 University Avenue St. Paul, MN 55104 (612) 646-7588 Inf/referral & follow-along worker			X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Direct services provided by local affiliates.
UNITED HANDICAPPED FEDERATION 1951 University Avenue St. Paul, MN 55104 (612) 646-1515		X	X	X	X	X															X					X			X	Consumer advocate organization. Primarily Minneapolis, St. Paul Metro area.

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
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VOCATIONAL ADJUSTMENT DEPARTMENT Medical Center Rehabilitation Hospital Box 8202, University Station Grand Forks, ND 58202 (701) 772-8141 Ext. 141	X	X	X	X	X		X					X	X	X	X			X	X	X								X	X	Outpatient services. Makes referrals to other services within Hospital. (See also Child Evaluation & Treatment Program.) Northwest MN.

EASY WHEELIN' IN MINNESOTA: A WHEELCHAIR ACCESSIBILITY GUIDEBOOK

1976. 52 p. Free.

c/o Robert R. Peters
One Timberglade Road
Bloomington, MN 55437

Accessibility guide to hotels, restaurants, auditoriums/stadiums, recreation/tourist attractions, state parks, etc. in Minnesota.

MISSISSIPPI

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
CYSTIC FIBROSIS FOUNDATION Mississippi Chapter P. O. Box 1159 Jackson, MS 39205 (601) 354-8683					X			X	X	X	X	X					X		X			X	X							Offers assistance with home care equipment, drugs and hospitalization.
MEMPHIS EPILEPSY FOUNDATION 1835 Union Avenue, Suite 209 Memphis, TN 38104 (901) 274-1720				X				X	X	X	X	X	X	X			X	X				X				X		X	X	Conducts School Alert prog. - classroom presentations on epilepsy; offers job advocacy and info on low cost drugs. Northern Mississippi.
MISSISSIPPI COUNCIL ON EPILEPSY 969 Lakeland Drive Jackson, MS 39216 (601) 982-0121 President				X		X																								
MISSISSIPPI DEPARTMENT OF EDUCATION Special Education Section P. O. Box 771 Jackson, MS 39205 (601) 354-6950	X	X	X	X	X																									
MISSISSIPPI EASTER SEAL SOCIETY 3226 North State Street P. O. Box 4958 Jackson, MS 39216 (601) 982-7051		X	X	X				X	X															X			X			
MS EMPLOYMENT SECURITY COMMISSION 1520 West Capital Street P. O. Box 1699 Jackson, MS 39205 (601) 354-8711	X	X	X	X	X		X						X	X	X															Each local office has a trained staff member to provide services to disabled clients.

MISSISSIPPI

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
MISSISSIPPI LIBRARY COMMISSION Service for the Handicapped P. O. Box 3260 Jackson, MS 39207 (601) 354-7208 Head/Asst. Head Librarian	X		X	X	X			X									X													Loans record and cassette equipment.
MISSISSIPPI REGISTRY OF INTERPRETERS FOR THE DEAF Margaret Collier, Acting Pres. 1525 Lyncrest Jackson, MS 39202 (601) 355-3222		X					X									X														
MS VOCATIONAL REHABILITATION DIV. 550 High Street Walter Sillers Building P. O. Box 1698 Jackson, MS 39205 (601) 354-6825		X	X	X	X																									
MISSISSIPPI VOCATIONAL REHABILITATION FOR THE BLIND P. O. Box 4872 Jackson, MS 39216 (601) 354-6412	X																													
MUSCULAR DYSTROPHY ASSOCIATION 365 W. Northside Dr., Suite 200 Jackson, MS 39206 (601) 982-8514 Patient Service Coordinator			X					X					X						X			X			X					
MUSCULAR DYSTROPHY ASSOCIATION 5050 Poplar - Suite 1130 Memphis, TN 38157 (901) 682-5696 Patient Service Coordinator			X					X	X										X			X	X		X		X			DeSoto & Marshall counties.

DIRECTORY OF HEALTH, EDUCATION AND WELFARE SERVICES FOR NORTH CENTRAL MISSISSIPPI PLANNING AND DEVELOPMENT DISTRICT

1976. Free.

MS Health Monitoring and Evaluation
880 Lakeland Drive
Jackson, MS 39216 (601) 968-4791
Attn: T. D. Lampton, M.D.

Includes special education, job training and placement, social service programs, agencies serving developmentally disabled individuals, etc.

DIRECTORY OF HEALTH, EDUCATION AND WELFARE SERVICES FOR SOUTH DELTA MISSISSIPPI PLANNING AND DEVELOPMENT DISTRICT

1976. Free.

MS Health Monitoring and Evaluation
880 Lakeland Drive
Jackson, MS 39216 (601) 968-4791
Attn: T. D. Lampton, M.D.

Includes special education, job training and placement, social service programs, agencies serving developmentally disabled individuals, etc.

MISSOURI

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Greater St. Louis Affiliate 3839 Lindell St. Louis, MO 63108 (314) 533-4143					X			X		X	X						X			X										St. Louis, St. Charles and neighboring counties.
AMERICAN DIABETES ASSOCIATION Heart of American Affiliate, Inc. 415 East 63rd #200 Kansas City, MO 64110 (816) 361-3361					X	X														X										Metropolitan Kansas City area and northwest Missouri.
AMERICAN DIABETES ASSOCIATION Missouri Regional Affiliate P. O. Box 11 Columbia, MO 65201 (314) 443-8611					X			X	X	X	X	X					X			X					X		X			Operates summer camp for diabetic youth (to age 18). Entire state except St. Louis and Kansas City counties.
CENTRAL MISSOURI REGISTRY OF INTERPRETERS FOR THE DEAF Eldon E. Shipman, President 725 Grand Avenue Fulton, MO 65251 (314) 642-6141		X					X									X														
COMMUNITY REHABILITATION CENTER 606 Pannell Street Columbia, MO 65201 (314) 443-4555			X				X					X	X	X	X					X										Services contracted with State VR but accepts referrals from school personnel.
CYSTIC FIBROSIS FOUNDATION Heart of America Chapter 7920 Ward Parkway, Room 206 Kansas City, MO 64114 (816) 363-5636 Executive Director					X	X						X					X													Lung-related and digestive system diseases. One-third of Missouri.

MISSOURI

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GREATER KANSAS CITY REGISTRY OF INTERPRETERS FOR THE DEAF Grace Price, President 2328 Oakley Street Kansas City, MO 64127		X					X									X														
JACKSON COUNTY DIRECTION SERVICE CENTER 3640 South Noland Road Mercantile Bank Bldg., Suite 240 Independence, MO 64055 (816) 833-4415 Director of Information	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Tries to find appropriate services for handicapped youth (to age 21). Jackson County (includes Kansas City, Missouri, Metro area).
MISSOURI ASSOCIATION OF THE DEAF 2406 Simpson Avenue St. Louis, MO 63139 (314) 647-7049		X				X			X			X	X													X				
MO BUREAU FOR THE BLIND (State VR) Department of Social Services Division of Family Services Broadway State Office Building Jefferson City, MO 65101 (314) 751-4249	X																													
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION Special Education P. O. Box 480 Jefferson City, MO 65101 (314) 751-3502	X	X	X	X	X																									
MO DIVISION OF EMPLOYMENT SECURITY 421 East Dunklin Street Jefferson City, MO 65101 (314) 751-3215	X	X	X	X	X		X						X	X	X															State supervisor and designated staff in local offices serve disabled applicants.

MISSOURI

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																				
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
MISSOURI DIVISION OF VOCATIONAL REHABILITATION 3523 North Ten Mile Drive Jefferson City, MO 65101 (314) 751-3251		X	X	X	X																									
MISSOURI EPILEPSY FEDERATION 2337 S. Kingshighway St. Louis, MO 63110 (314) 771-1212 Social Worker				X				X			X	X														X		X	X	
MUSCULAR DYSTROPHY ASSOCIATION 308 West Commercial Springfield, MO 65803 (417) 866-5117 District Director, Patient Service Coordinator			X					X	X										X	X		X	X		X		X			Southwest Missouri.
MUSCULAR DYSTROPHY ASSOCIATION 1023 South Big Bend St. Louis, MO 63117 (314) 644-2828 Patient Service Coordinator			X					X	X		X								X	X		X	X		X		X			St. Louis, east and southeast MO.
NATIONAL PARAPLEGIA FOUNDATION Greater Kansas City Chapter 3011 Baltimore Kansas City, MO 64108 (816) 452-1493 President			X			X															X									Jackson and Clay counties.
UNITED CEREBRAL PALSY ASSOCIATION OF MISSOURI 617 East Walnut, Box 611 Columbia, MO 65201 (314) 449-2934 Program Consultant			X					X	X		X	X	X	X	X	X		X	X	X	X		X	X	X	X	X	X	X	Direct services provided by local affiliates.

MISSOURI

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
UNITED SERVICES FOR THE HANDICAPPED IN ST. CHARLES COUNTY 2850 West Clay St. Charles, MO 63301 (314) 925-0202 or 946-6546		X	X				X												X				X	X			X			Also offers speech-reading instruction, hearing aid evaluation. St. Charles County.
WOLFNER MEMORIAL LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED (Regional) 1808 Washington St. Louis, MO 63103 (314) 241-4227 Regional Librarian	X		X	X	X	X											X	X												Also hearing impaired persons with mild loss and persons with diabetes.

DIRECTORY OF COMMUNITY SERVICES FOR CHILDREN & ADULTS
IN COLUMBIA & BOONE COUNTY, MISSOURI

1976-1977. 150 p. $3.00 (plus $ .50 postage if mailed).

Services which relate especially to disabilities include speech and hearing, health organizations, special education, counseling.

Voluntary Action Center
905 East Broadway
Columbia, MO 65201
(314) 449-6959

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Montana Affiliate P. O. Box 2411 Great Falls, MT 59403 (406) 443-3788 See also Comments					X	X						X													X					Can also contact: Field Representative/ Coordinator Office P. O. Box 5687 Helena, MT 59601 Offers seminars on diabetes.
BIG SKY EPILEPSY ASSOCIATION Box 1562 Billings, MT 59102 (406) 252-0192 Project Search				X		X			X																					Southeastern Montana.
CYSTIC FIBROSIS FOUNDATION Montana Chapter 3640 York Road Helena, MT 59601 (406) 227-6372 Crippled Children's Services					X			X																						
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF MONTANA 4400 Central Avenue Great Falls, MT 59401 (406) 761-3680 Associate Director		X	X	X			X						X	X					X	X	X		X	X			X			Also speech and language disorders. Offers prevocational and vocational training.
MONTANA CENTER FOR HANDICAPPED CHILDREN Eastern Montana College Billings, MT 59103 (406) 252-9316 Director		X	X	X				X	X		X				X			X		X		X	X	X					X	Limited services to high school students.
MT EMPLOYMENT SECURITY DIVISION Corner of Lockey & Roberts P. O. Box 1728 Helena, MT 59601 (406) 449-3662	X	X	X	X	X		X						X	X	X															Has personnel trained in counseling/testing physically handicapped clients.

MONTANA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																				COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
MONTANA OFFICE OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION Special Education State Capitol Helena, MT 59601 (406) 449-2057	X	X	X	X	X																									
MONTANA REGISTRY OF INTERPRETERS FOR THE DEAF Florence McCollom, President 415 51st Street South Great Falls, MT 59505		X					X									X														
MT REHABILITATIVE SERVICES DIVISION 507 Power Block Helena, MT 59601 (406) 449-2590		X	X	X	X																									
MONTANA STATE LIBRARY Division for the Blind and Physically Handicapped 930 East Lyndale Helena, MT 59601 (406) 449-3004	X						X										X													
MONTANA VISUAL SERVICES DIVISION (State VR) P. O. Box 4210 Helena, MT 59601 (406) 449-3434	X							X	X	X	X	X	X	X		X		X	X	X	X	X	X	X			X	X	X	
UNITED CEREBRAL PALSY OF MONTANA 2626 2nd Avenue South Great Falls, MT 59405 (406) 453-3274			X	X		X			X																X					Makes referrals for appropriate services.

MONTANA SOCIAL SERVICE, HEALTH AND RECREATIONAL DIRECTORY

Revised edition 1977 (Forthcoming). $5.00.

Montana State University
Social Work Program
Bozeman, MT 59715
Attention: John Bauer

A number of services for physically disabled persons are included, such as vocational evaluation, specialized health agencies, speech and hearing clinics (although the directory does not focus on disability-related services).

NEBRASKA

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
AMERICAN DIABETES ASSOCIATION Nebraska Affiliate 921 Dorcas Street, Room 915 Omaha, NE 68108 (402) 348-1447					X	X																								
CYSTIC FIBROSIS FOUNDATION 8401 West Dodge Road #17 Omaha, NE 68114 (402) 393-3260					X			X	X	X	X						X			X										Has clinic at University of Nebraska Hospital, Omaha.
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN & ADULTS, INC. OF NEBRASKA P. O. Box 14204 12177 Pacific Omaha, NE 68114 (402) 333-9306 Director of Care and Treatment	X	X	X	X	X			X								X		X	X		X	X	X	X	X		X			Purchases most direct services.
LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED Nebraska Library Commission 1420 P Street Lincoln, NE 68508 (402) 471-2661 Coordinating Librarian	X		X				X										X								X					
MUSCULAR DYSTROPHY ASSOCIATION, INC. 1912 North 90th St.- Lower Level Omaha, NE 68114 (402) 393-7866 Patient Service Coordinator			X					X	X									X	X		X	X	X		X		X			
NEBRASKA CHILDFIND Meyer Children's Rehab. Institute 444 South 44th Omaha, NE 68131 (800) 742-7575 / (402) 541-4999 Systems Advocate	X	X	X	X	X			X	X		X	X	X	X								X	X	X	X	X				Assists in locating, diagnosing, & placing presently unserved handicapped persons (to age 21).

NEBRASKA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
NEBRASKA DEPARTMENT OF EDUCATION Special Education Section 233 South 10th Street Lincoln, NE 68508 (402) 471-2471	X	X	X	X	X																									
NEBRASKA DIVISION OF EMPLOYMENT 550 South Sixteenth Street P. O. Box 4600 State House Station Lincoln, NE 68509 (402) 475-8451 Ext. 221	X	X	X	X	X		X						X	X	X															
NEBRASKA DIVISION OF REHABILITATIVE SERVICES 233 South 10th Street Lincoln, NE 68508 (402) 471-2961		X	X	X	X																									
NEBRASKA EPILEPSY LEAGUE, INC. 7171 Mercy Road, Suite 129 Omaha, NE 68106 (402) 391-0566 Information/Referral Coordinator				X				X		X	X	X																	X	
NEBRASKA SERVICES FOR THE VISUALLY IMPAIRED (State VR) 1047 South Street Lincoln, NE 68502 (402) 471-2891	X																													
REGISTRY OF INTERPRETERS FOR THE DEAF For information contact: Eleanor Propp 2127 Heather Lane Lincoln, NE 68502		X					X									X														

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
UNITED CEREBRAL PALSY OF NEBRASKA P. O. Box 80103 Lincoln, NE 68505 (402) 466-8302 Program Director			X					X	X		X	X				X			X								X	X	X	
UNIVERSITY OF NEBRASKA - LINCOLN Department of Special Education Lincoln, NE 68583 (402) 472-3955 Chairman		X	X	X		X			X		X				X		X	X		X	X			X				X	X	

NEBRASKA CHILDFIND DIRECTORY

1977. Cost to be determined.

Nebraska Childfind Office
Meyer Children's Rehabilitation Institute
444 South 44th
Omaha, NE 68131
(800) 742-7575 or
(402) 541-4999

Includes the following information relative to handicapped children and young adults: diagnosis and evaluation centers, educational placement programs, funding resources for purchase of equipment and services.

NEVADA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																				COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF NEVADA, INC. 2915 East Sunrise Avenue Las Vegas, NV 89101 (702) 382-2994 Director of Patient Services	X	X	X	X	X			X											X	X			X	X						
NEVADA BUREAU OF SERVICES FOR THE BLIND (State VR) State Dept. of Human Resources 308 North Curry Street, Room 200 Carson City, NV 89701 (702) 885-4444	X																													
NEVADA DEPARTMENT OF EDUCATION Exceptional Pupil Education Carson City, NV 89701 (702) 885-5700 Ext. 245	X	X	X	X	X																									
NV EMPLOYMENT SECURITY DEPARTMENT 500 East Third Street Carson City, NV 89713 (702) 885-4635	X	X	X	X	X		X						X	X	X															
NEVADA REGISTRY OF INTERPRETERS FOR THE DEAF Martha D. Wright, President 229 Pecos Way Las Vegas, NV 89121 (702) 458-4920		X					X									X														
NEVADA REHABILITATION DIVISION State Capitol Complex Kinkead Building, Fifth Floor 505 East King Street Carson City, NV 89710 (702) 885-4440		X	X	X	X																									

NEVADA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
NEVADA STATE LIBRARY Special Services Division Capitol Complex Carson City, NV 89710 (702) 885-5155 Assistant to State Librarian	X		X	X	X			X									X													
NORTHERN NEVADA EPILEPSY LEAGUE 1515 Nixon Avenue Reno, NV 89509 (702) 323-3293				X				X	X	X	X	X					X								X	X	X	X	X	Conducts School Alert Programs; has group called EA - Epilepsy Anonymous. Northern Nevada.
SOUTHERN NV EPILEPSY ASSOCIATION 1000 South Third Street-Suite B Las Vegas, NV 89101 Vice-President/Program Chairman				X		X			X	X							X												X	Southern Nevada (Tonopah and south).

NEW HAMPSHIRE

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
NEW HAMPSHIRE COALITION FOR HANDICAPPED CITIZENS, INC. 20 South Main Street Concord, NH 03301 (603) 224-7005 Parent Information Program	X	X	X	X	X	X			X				X			X	X				X	X	X	X		X				Also info on diagnostic and educational facilities, parent groups.
NH DEPARTMENT OF EDUCATION Special Education Section 105 Loudon Road, Building 3 Concord, NH 03301 (603) 271-3741	X	X	X	X	X																									
NH DEPT. OF EMPLOYMENT SECURITY 32 South Main Street Concord, NH 03301 (603) 224-3311	X	X	X	X	X		X						X	X	X															Has cooperative agreement with State VR regarding identification, testing, and selective job placement.
NH DIVISION OF VOCATIONAL REHABILITATION 105 Loudon Road, Building 3 Concord, NH 03301 (603) 271-3121	X	X	X	X	X																									
NH EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS 870 Hayward Street Manchester, NH 03103 (603) 623-8863 Admissions Office		X	X	X	X		X		X	X	X		X	X	X	X		X	X	X	X	X	X	X	X	X	X		X	Also hearing aid repair program.
NH STATE LIBRARY Services to the Handicapped Div. 12 Hills Avenue Concord, NH 03301 (603) 271-3429	X		X	X				X									X													Also serves persons with temporary disabilities. Offers reference, information and referral.

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																				COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION New England Affiliate 377 Elliot Street Newton Upper Falls, MA 02164 (617) 965-2323 Executive Director	X				X			X	X	X	X									X										Accepts all inquiries and tries to assist individuals in every possible way.
COMMUNICATION BRIDGE Pettee Brook Offices Box 550 Durham, NH 03824 (603) 868-5563 Coordinator		X					X									X														Provides interpreter services.
INFORMATION OUTLET Community Services of Greater Concord 13 South State Concord, NH 03301 (603) 225-9500 Info. and Ref. Specialist	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			Greater Concord and Merrimack County.
MUSCULAR DYSTROPHY ASSOCIATION 1087 Elm Street Manchester, NH 03101 (603) 668-0800 Patient Services Coordinator			X					X										X	X	X		X			X		X			
NEW ENGLAND SPINAL CORD INJURY FOUNDATION, INC. c/o Div. of Vocational Rehab. 105 Loudon Road, Building 3 Concord, NH 03301 (603) 271-3121 Resource Coordinator			X			X			X		X	X	X	X				X	X	X	X	X	X		X	X	X			Also offers information on education, sexuality, other assistive agencies.

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																						COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers		
SEACOAST SOCIAL SERVICE INFORMATION AND REFERRAL CENTER 140 Court Street Portsmouth, NH 03801 (603) 431-6404	X	X	X	X	X	X																									Offers info/referral in all categories listed; staff currently becoming more informed about specific services for handicapped persons. Rockingham County.

RESOURCE DIRECTORY: A GUIDE TO SERVICES IN NEW ENGLAND FOR SPINAL CORD INJURED PERSONS

1976. 146 p. Single copy free.

New England Spinal Cord Injury
Foundation, Inc.
c/o NH Division of Vocational
Rehabilitation
105 Loudon Road, Building 3
Concord, NH 03301 (603) 271-3121

Provides information on many topics: psychological services, legal rights, equipment, employment, education, and more. Lists state and local addresses for numerous agencies in New England. Cites some publications relative to spinal cord injury.

NEW JERSEY

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
AMERICAN DIABETES ASSOCIATION New Jersey Affiliate, Inc. 345 Union Street Hackensack, NJ 07601 (201) 487-7228, 487-7229, or 487-7957					X			X	X	X	X	X					X			X								X	X	
ASSOCIATION OF CONCERNED COLLEGES ON RIGHTS OF THE DISABLED (ACCORD) 190 Willoughby Street, Room 2-V Brooklyn, NY 11201 (212) 834-6045	X	X	X	X				X		X		X	X			X	X	X	X	X	X					X	X	X	X	Specifically relates to higher education alternatives, sources of funding, architectural barrier removal, etc. Northern NJ.
CYSTIC FIBROSIS FOUNDATION Western Savings Bank Bldg., #1308 Philadelphia, PA 19107 (215) 732-3185 Executive Director					X	X			X																					Offers information on medical equipment. South New Jersey.
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF NEW JERSEY 9 Terminal Road New Brunswick, NJ 08902 (201) 828-8080	X	X	X	X				X	X	X	X	X	X	X	X			X	X	X	X		X	X	X					Also offers job-seeking skills program. Services offered at various locations; contact state office for addresses.
EDUCATION LAW CENTER, INC. 605 Broad Street Newark, NJ 07102 (201) 624-1815 Community Education Coordinator	X	X	X	X	X			X																		X				Offers free legal aid to parents/students re improving public educ.; advises on students' school problems.
EPILEPSY FOUNDATION OF AMERICA New Jersey Chapter 150 Main Street, P. O. Box 364 Metuchen, NJ 08840 (201) 548-4610				X		X			X		X	X	X	X	X								X			X		X	X	

NEW JERSEY

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
HEALTH AND WELFARE COUNCIL OF BERGEN COUNTY, INC. Information & Referral Service 389 Main Street Hackensack, NJ 07601 (201) 343-4900	X	X	X	X	X	X																								Publishes Community resources directory. Bergen County area.
MUSCULAR DYSTROPHY ASSOCIATION, INC. 1200 Route 46 Clifton, NJ 07013 (201) 471-3114 Patient Service Coordinator			X					X			X								X	X		X	X		X		X			Offers genetic counseling and camping program. Bergen, Passaic, and Sussex counties.
MUSCULAR DYSTROPHY ASSOCIATION, INC. 25 Route #22 Springfield, NJ 07081 (201) 379-6042 (201) 379-6143 - Patient Service Patient Service Coordinator			X					X		X									X	X	X	X	X		X		X			Offers genetic counseling and camping program. Northern New Jersey.
NEW JERSEY COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED (State VR) 1100 Raymond Boulevard Newark, NJ 07102 (201) 648-2324	X																													
NEW JERSEY DEPARTMENT OF EDUCATION Bureau of Special Education and Pupil Personnel Services 225 West State Street Trenton, NJ 08625 (609) 292-7602, 292-4692	X	X	X	X	X																									
NEW JERSEY DEPARTMENT OF LABOR AND INDUSTRY John Fitch Plaza P. O. Box V Trenton, NJ 08625 (609) 292-2323	X	X	X	X	X		X						X	X	X															

NEW JERSEY

ORGANIZATIONS	DISABILITY SERVED: Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	TYPE OF SERVICE: Information and referral	Direct services	Both info/referral & direct services	INFORMATION AND/OR SERVICES PROVIDED: Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
NEW JERSEY DIVISION OF VOCATIONAL REHABILITATION Dept. of Labor and Industry Building, Room 1005 John Fitch Plaza Trenton, NJ 08625 (609) 292-5987		X	X	X	X																									
NEW JERSEY LIBRARY FOR THE BLIND AND HANDICAPPED 1676 North Olden Avenue Trenton, NJ 08638 (609) 292-6450	X		X				X										X													
NEW JERSEY REGISTRY OF INTERPRETERS FOR THE DEAF Glenda W. Mobley, President 17 Glen Stewart Drive Trenton, NJ 08638 (609) 882-3520 (609) 883-2600, Ext. 281 TTY/Voice		X					X									X														
SCRIP - STATEWIDE COMPUTERIZED REFERRAL INFORMATION PROGRAM 169 West Hanover Street Trenton, NJ 08625 (609) 292-5238 For referral information see Comments.	X	X	X	X	X	X			X	X	X	X	X		X	X	X	X	X	X		X	X	X	X	X	X			Program to find appropriate facilities for disabled persons. No cost for service. Call nearest no. (201) 539-4644; (201) 246-2525; (609) 292-3720; (609) 429-0010. NJ and nearby areas.
SPINA BIFIDA ASSOCIATION OF DELAWARE P. O. Box 266 New Castle, DE 19720			X			X			X		X						X				X				X					Southern New Jersey.

SOURCEBOOK: SPEECH AND HEARING SERVICES - METROPOLITAN NEW YORK AREA

1976. 72 p. Free to qualified professional persons.

Long Island Hearing and Speech Society
430 Lakeville Road
New Hyde Park, NY 11040
Attn: Dr. Elaine Fenton, Sourcebook Editor

A resource for professionals in making referrals for clients with hearing and speech disabilities. Approximately 150 services in the New York boroughs, Westchester County, and New Jersey are briefly described.

NEW MEXICO

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																				COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION New Mexico Affiliate, Inc. 6101 Marble N.E. Albuquerque, NM 87110 (505) 268-1913	X				X	X					X					X	X			X									X	
CYSTIC FIBROSIS FOUNDATION New Mexico Chapter 1101 Cardenas N.E. Suite 102 Albuquerque, NM 87110 (505) 255-7507 Executive Director					X	X			X	X		X					X					X	X							Also asthma, childhood emphysema, bronchiectasis.
EDDY COUNTY COUNCIL OF THE VISUALLY HANDICAPPED 1004 West Riverside Drive Carlsbad, NM 88220 (505) 885-9903	X					X													X											
EMPLOYMENT SECURITY COMMISSION OF NEW MEXICO 401 Broadway N.E. P. O. Box 1928 Albuquerque, NM 87103 (505) 842-3239	X	X	X	X	X		X						X	X	X															Each office has staff person assigned to assist handicapped individuals.
EPILEPSY FOUNDATION OF NEW MEXICO 7009 Prospect Avenue, N.E. Albuquerque, NM 87110 (505) 298-8901 Executive Director				X				X	X		X	X					X				X				X	X		X	X	
LAS LUMINARIAS OF THE NEW MEXICO COUNCIL OF THE BLIND, INC. 602 Mountain Road N.E. P. O. Box 1881 Albuquerque, NM 87103 (505) 247-0441 TTY/Voice Control Desk	X	X	X	X	X			X	X			X	X	X		X	X	X	X		X	X						X	X	Offers mobility instruction for blind persons and interpreting services for deaf persons.

NEW MEXICO

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./in-service guidance staff	Consult./in-service to teachers	
MUSCULAR DYSTROPHY ASSOCIATION New Mexico Chapter 126 B Valencia N.E. Albuquerque, NM 87108 (505) 265-6496 Patient Service Coordinator			X					X											X			X	X		X		X	X	X	
MUSCULAR DYSTROPHY ASSOCIATION 1816 Hunter Drive El Paso, TX 79915 (915) 591-2815 District Director			X					X									X	X	X				X		X		X			Southern New Mexico.
NATIONAL PARAPLEGIA FOUNDATION Zia Chapter 2608 Monroe, N.E. Albuquerque, NM 87110 (505) 265-7049			X			X			X	X	X			X							X				X					
NEW MEXICO ASSOCIATION OF THE DEAF 414 West Mountain Avenue Las Cruces, NM 88001 (505) 524-2325 TTY		X				X																			X					Aim is to promote welfare of deaf people in New Mexico.
NEW MEXICO DEPARTMENT OF EDUCATION Division of Special Education State Educational Building 300 Don Gaspar Avenue Santa Fe, NM 87503 (505) 827-2793	X	X	X	X	X																									
NEW MEXICO REGISTRY OF INTERPRETERS FOR THE DEAF Phyllis Fletcher, President 2940 Santa Clara S.E. Albuquerque, NM 87106 (505) 268-3651 TTY/Voice		X					X									X														

NEW MEXICO

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
NEW MEXICO STATE LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED 300 Don Gaspar P. O. Box 1629 Santa Fe, NM 87503 (505) 827-2033	X		X					X								X	X													Also provides disc and cassette playback equipment.
NM VOCATIONAL REHABILITATION Department of Education 231 Washington Avenue P. O. Box 1830 Santa Fe, NM 87503 (505) 827-2266	X	X	X	X	X																									

DIRECTORY OF COMMUNITY SERVICES

n.d. $11.25 (with binder).
$ 8.00 (for inserts only). Plus postage.

Community Council of Albuquerque, Inc.
P. O. Box 1775
Albuquerque, NM 87103 (505) 842-0180

Listing of over 200 social service agencies in Albuquerque and Bernalillo County.

NEW YORK

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
AMERICAN DIABETES ASSOCIATION Western NY Affiliate, Inc. 240 Statler Hilton Hotel Buffalo, NY 14202 (716) 847-0200 Administrative Assistant	X				X			X		X		X					X			X		X			X	X				Diabetic persons may have visual or neurological impairments or may be amputees. Also provides information on jobs available. Western NY (8 counties)
ASSOCIATION FOR CRIPPLED CHILDREN & ADULTS OF NY STATE-EASTER SEAL SOC. 2 Park Avenue New York, NY 10016 (212) 532-8830 Program Director	X	X	X	X	X			X	X	X	X	X	X	X	X		X	X	X	X		X	X	X	X	X	X			Makes referrals for direct services.
ASSOCIATION OF CONCERNED COLLEGES ON RIGHTS OF THE DISABLED (ACCORD) 190 Willoughby Street, Rm. 2-V Brooklyn, NY 11201 (212) 834-6045	X	X	X	X				X		X		X	X			X	X	X	X	X	X					X	X	X	X	Specifically relates to higher education alternatives, sources of funding, architectural barrier removal. Metropolitan New York City area.
CYSTIC FIBROSIS CENTER Westchester County Medical Center Valhalla, NY 10595 (914) 592-8500 Medical Social Worker, Cystic Fibrosis Center					X			X	X	X	X	X											X	X						Also chronic asthma and bronchitis. Westchester and 6 neighboring counties.
CYSTIC FIBROSIS FOUNDATION Capital District Chapter 301 S. Allen Street Albany, NY 12208 (518) 482-2500					X			X	X													X	X							Lung-damaging diseases.

NEW YORK

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
DISABLED IN ACTION (DIA) OF METROPOLITAN NEW YORK 175 Willoughby Street, Apt. 11H Brooklyn, NY 11201 (212) 858-5286			X			X														X						X	X			Primarily a civil rights organization of, for, and by disabled people. Metropolitan NY.
EMPIRE STATE ASSOCIATION OF THE DEAF 100 Holley Brook Drive Penfield, NY 14526 Executive Secretary (See Comments)		X																												Consumer advocacy for the deaf. Executive secretary's address is 713 Imperial Woods Dr. Vestal, NY 13850.
LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED (Regional) New York Public Library 166 Avenue of the Americas New York, NY 10013 (212) 925-1011	X		X														X													New York City and Long Island.
MUSCULAR DYSTROPHY ASSOCIATION Edoral Building 257 Osborne Road Albany, NY 12211 (518) 459-8738			X					X	X		X					X			X			X	X	X	X		X			Eastern NY.
MUSCULAR DYSTROPHY ASSOCIATION, INC. 3159 Winton Road, S. Rochester, NY 14623 (716) 244-5050 Patient Service Coordinator			X					X	X		X	X										X	X		X		X			9 counties in Rochester area.
MUSCULAR DYSTROPHY ASSOCIATION, INC. Central NY Area Chapter 602 Midtown Plaza 700 East Water Street Syracuse, NY 13210 (315) 476-8691 Patient Service Coordinator			X					X	X		X	X							X			X	X		X		X			Makes referrals to appropriate agencies. Central NY area.

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
NATIONAL PARAPLEGIA FOUNDATION NY Metropolitan Chapter 400 East 34th St., Rm. 812RR New York, NY 10016 (212) 679-3200 Ext. 2295	X		X					X													X				X	X	X			Consumer activist group working to obtain equal opportunities for disabled persons through legislation and public awareness. Offers friendly support to newly disabled persons. Metropolitan NY area.
NY ASSOCIATION FOR THE BLIND 111 E. 59th Street New York, NY 10022 (212) 355-2200 Social Services Application Desk	X							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X		X	X	X	Primarily Metropolitan NY area.
NY COMMISSION FOR THE VISUALLY HANDICAPPED (State VR) 1450 Western Avenue Albany, NY 12203 (518) 457-1272	X																													
NY DIABETES ASSOCIATION 104 East 40th Street New York, NY 11360 (212) 697-7760 Director of Patient Services/ Counselor					X			X	X		X	X	X				X					X				X				NY City and 11 neighboring counties.
NEW YORK METRO REGISTRY OF INTERPRETERS FOR THE DEAF Margaret Borgstrand, President 35-16 80th Street #42 Jackson Heights, NY 11372		X					X									X														

NEW YORK

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
NY OFFICE OF VOCATIONAL REHABILITATION 99 Washington Avenue Albany, NY 12210 (518) 474-2712		X	X	X	X																									
NY REGISTRY OF INTERPRETERS FOR THE DEAF 338 Village Boulevard Baldwinsville, NY 13027 (315) 638-2744		X					X									X														
NY SOCIETY FOR THE DEAF 344 East 14th Street New York, NY 10003 (212) 673-6500 TTY 673-6974 Director		X						X	X	X	X	X	X	X	X	X	X			X					X	X	X	X		Metropolitan NY City area.
NY STATE DEPARTMENT OF LABOR Special Employment Services Division of Manpower Services 2 World Trade Center New York, NY 10048 (212) 488-5547	X	X	X	X	X		X						X	X	X															Special staff (Selective Placement Rehabilitation Counselors) work with severely disabled applicants.
NY STATE EDUCATION DEPARTMENT Office for the Education of Children with Handicapping Conditions 55 Elk Street Albany, NY 12234 (518) 474-5548	X	X	X	X	X																									
NY STATE LIBRARY FOR THE BLIND AND VISUALLY HANDICAPPED (Regional) 226 Elm Street Albany, NY 12202 (518) 474-5935	X		X														X													

NEW YORK

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
SPINA BIFIDA ASSOCIATION OF GREATER NEW YORK P. O. Box 805 Radio City Station, NY 10019 President			X					X	X	X															X		X			Also provides tutoring. Volunteer-parent organization - services are limited to members. Metropolitan NY area.
UNITED CEREBRAL PALSY ASSOCIATIONS OF NEW YORK STATE, INC. 815 Second Avenue New York, NY 10017 (212) 682-7010 Director of Program Services	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Advocacy.

DIRECTORY OF SOCIAL AND HEALTH AGENCIES OF NEW YORK CITY

1977 (Forthcoming). Approximately $20.00.

Columbia University Press
136 South Broadway
Irvington-on-Hudson
New York, NY 10533

A comprehensive volume (over six hundred pages in the 1975 edition) encompassing numerous categories, including employment, training, and vocational guidance; services for handicapped persons; information and referral; medical clinics; and camps. Covers five NY boroughs.

SOURCEBOOK: SPEECH AND HEARING SERVICES - METROPOLITAN NEW YORK AREA

1976. 72 p. Free to qualified professional persons.

Long Island Hearing and Speech Society
430 Lakeville Road
New Hyde Park, NY 11040
Attn: Dr. Elaine Fenton, Sourcebook Editor

A resource for professionals in making referrals for clients with hearing and speech disabilities. Approximately 150 services in the NY boroughs, Westchester County, and New Jersey are briefly described.

NORTH CAROLINA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION North Carolina Affiliate, Inc. 408 North Tryon Street Charlotte, NC 28202 (704) 333-1568 Diabetes Education Consultant					X	X														X								X	X	
CARE-LINE NC Dept. of Human Resources Raleigh, NC 27611 (800) 662-7030	X	X	X	X	X	X																								Statewide toll-free telephone information & referral service for most categories listed.
CYSTIC FIBROSIS FOUNDATION North Carolina Chapter P. O. Box 924 Wilson, NC 27893 (919) 291-7190 Executive Director					X			X		X															X		X		X	
EPILEPSY ASSOCIATION OF NC 1924 Vail Avenue Charlotte, NC 28207 (704) 377-3619 Community Services Director				X				X	X	X	X			X											X		X	X	X	Direct services are offered in limited areas of NC; other services, entire state.
INFORMATION & REFERRAL SERVICE Allen Center 331 College Street Asheville, NC 28801 (704) 252-8102 (24-hours)	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Publishes Directory of community services. Buncombe County.
INFORMATION & REFERRAL SERVICE Voluntary Action Center 690 Coliseum Drive Winston-Salem, NC 27106 (919) 724-7474	X	X	X	X	X	X																								Offers info & referral in many categories listed; publishes Information & referral service directory. Winston-Salem & Forsyth County.

NORTH CAROLINA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
MUSCULAR DYSTROPHY ASSOCIATION 3825 Barrett Drive Raleigh, NC 27609 (919) 782-4735 Patient Services Coordinator			X					X											X			X	X		X		X			Coastal region.
MUSCULAR DYSTROPHY ASSOCIATION 1828 Banking Street Greensboro, NC 27408 (919) 272-0173 Patient Services Coordinator			X					X											X			X	X		X		X			Piedmont & western region.
NC DEPT. OF PUBLIC INSTRUCTION Division for Exceptional Children Education Building Raleigh, NC 27611 (919) 733-3921	X	X	X	X	X																									Contact Div. for info on Reference handbook, resource agencies, other materials and services.
Division of Occupational Educ. Programs for the Disadvantaged/Handicapped Education Building, Room 564 Raleigh, NC 27611 (919) 733-3003	X	X	X	X	X							X	X	X														X	X	Has program planning guides, inservice training modules, curriculum materials, student & program evaluation materials.
NORTH CAROLINA DIVISION OF SERVICES FOR THE BLIND (State VR) Department of Human Resources 410 North Boylan Avenue P. O. Box 2658 Raleigh, NC 27602 (919) 829-4231	X																													
NC DIV. OF VOC REHAB SERVICES Department of Human Resources State Office, Box 26053 620 North West Street Raleigh, NC 27611 (919) 829-3364		X	X	X	X																									

NORTH CAROLINA

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
NC EMPLOYMENT SECURITY COMMISSION P. O. Box 25903 200 West Jones Street Raleigh, NC 27611 (919) 829-7546	X	X	X	X	X		X						X	X	X															
NORTH CAROLINA LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED 1314 Dale Street Raleigh, NC 27635 (919) 733-4376 Regional/Asst. Regional Librarian	X		X				X										X													
NORTH CAROLINA REGISTRY OF INTERPRETERS FOR THE DEAF Wayne Canady, President 601 Tiffany Circle Garner, NC 28301 (919) 772-5169		X					X									X														
PUBLIC LIBRARIES A number of public libraries throughout the state have information and referral services for their geographical areas.																														
UNITED CEREBRAL PALSY OF NORTH CAROLINA, INC. 417 North Boylan Avenue Raleigh, NC 27603 (919) 833-2571 Director of Program Services			X					X	X		X	X	X	X					X		X				X					

NORTH DAKOTA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION North Dakota Affiliate, Inc. P. O. Box 234 Grand Forks, ND 58201 (701) 746-5111					X			X									X			X					X	X		X		Provides speakers about diabetes; offers group insurance plans; publishes newsletter.
CHILD EVALUATION & TREATMENT PROG. Medical Center Rehab. Hospital University of North Dakota Grand Forks, ND 58201 (701) 772-8141 Ext. 151 Coordinator		X	X	X	X			X	X	X	X				X				X	X		X	X	X	X		X	X	X	Outpatient services. (See also Vocational Adjustment Department.)
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN & ADULTS OF NORTH DAKOTA Box 490 Bismarck, ND 58501 (701) 663-6828			X		X			X											X	X	X		X	X			X			
EVALUATION AND TRAINING CENTER Fargo Public Schools 424 - 9th Avenue South Fargo, ND 58102 (701) 293-1854 Supervisor of Evaluation Services or Training Services	X	X	X	X				X	X	X	X	X	X	X	X		X	X		X				X	X			X	X	Has a comprehensive Vocational Evaluation Unit.
ND DEPARTMENT OF PUBLIC INSTRUCTION Special Education Bismarck, ND 58501 (701) 224-2277	X	X	X	X	X																									
NORTH DAKOTA DIVISION OF VOCATIONAL REHABILITATION 1025 North 3rd St., Box 1037 Bismarck, ND 58501 (701) 224-2907	X	X	X	X	X																									

NORTH DAKOTA

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																				
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
ND EMPLOYMENT SECURITY BUREAU 1000 East Divide Avenue P. O. Box 1537 Bismarck, ND 58505 (701) 224-2837	X	X	X	X	X		X						X	X	X															Each local office has a staff person designated as Supervisor of Handicapped Services.
NORTHERN EPILEPSY ASSOCIATION P. O. Box 762 Fargo, ND 58102				X		X			X		X					X	X				X				X	X	X			A consumer group.
REGISTRY OF INTERPRETERS FOR THE DEAF For information contact: Rev. Roger Leonhardt Lutheran Mission to the Deaf 208 East 14th Street Devil's Lake, ND 58301		X					X									X														
SOUTH DAKOTA LIBRARY FOR THE HANDICAPPED (Regional) State Library Building Pierre, SD 57501 (605) 224-3514 Administrative Librarian	X		X	X	X	X										X	X	X												
SPINA BIFIDA ASSOCIATION OF MN 4848 Hampshire Avenue North Crystal, MN 55428 (612) 533-5244 Corresponding Secretary			X			X																								Group of parents/adults with spina bifida; provides info & referrals in most areas listed.
VOCATIONAL ADJUSTMENT DEPARTMENT Medical Center Rehabilitation Hospital Box 8202, University Station Grand Forks, ND 58202 (701) 772-8141 Ext. 141	X	X	X	X	X		X					X	X	X	X			X	X	X	X							X	X	Outpatient services. Makes referrals to other services within Hospital. (See also Child Evaluation & Treatment Program.)

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
VOLUNTEERS FOR COMMUNITY SERVICE/ VOLUNTARY ACTION CENTER Box 732 Fargo, ND 58102 (701) 293-3222 Information & Referral Specialist	X	X	X	X				X	X	X	X	X	X	X	X	X				X		X	X	X	X	X	X	X	X	Cass and Clay counties.

AREA INFORMATION DIRECTORY

1976. 51 p. Free.

Information & Referral Center
520 Avenue A - East
Bismarck, ND 58501 (701) 258-6333

Lists services in Bismarck and the surrounding area. Arranged by subject and includes some disability-related services, e.g., occupational therapy, counseling, specialized health organizations.

DIRECTORY OF SERVICES FOR THE MENTALLY RETARDED

Summer 1977 (Forthcoming). Free.

Division of Community Mental Retardation Programs
Mental Health & Retardation Services
State Department of Health
909 Basin Avenue
Bismarck, ND 58505 (701) 224-2766

This state-wide directory is included even though its primary focus is mentally retarded persons because it does list some programs which offer services to physically disabled persons also, e.g., vocational evaluation, counseling. Also lists regional and local offices of relevant state agencies.

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
CANTON SPINA BIFIDA & HYDROCEPHALIC CLUB 412 34th Street, N.W. Canton, OH 44709 (216) 493-1871 President			X					X											X	X		X	X		X	X	X			Aids in securing educational and vocational opportunities; organizes family activities. Stark County and adjoining counties.
COMMUNITY INFORMATION SERVICE 1005 Huron Road Cleveland, OH 44115 (216) 696-4262 Information Specialist	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	Cuyahoga County.
CYSTIC FIBROSIS FOUNDATION Central Ohio Chapter 1229 North Hague Avenue Columbus, OH 43221 (614) 272-6320 Executive Director					X			X	X		X											X								Can also contact Director of Pulmonary Clinic Children's Hospital, Columbus. Central Ohio (42 counties).
CYSTIC FIBROSIS FOUNDATION Greater Cincinnati Chapter 2330 Victory Parkway Cincinnati, OH 45206 (513) 221-8058					X	X																								Beginning to develop patient services. 8 counties in Cincinnati area.
DAYTON AREA DIABETES ASSOCIATION 184 Salem Avenue Dayton, OH 45406 (513) 225-3002					X	X											X			X					X					Montgomery, Greene, & Preble counties.
DEVELOPMENTAL DISABILITIES LAW REFORM PROJECT 1659 North High Columbus, OH 43210 (614) 422-0586			X	X				X																		X				Provides technical assistance to agencies and consumer groups.

OHIO

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED (Regional) 444 West Third Street Cincinnati, OH 45202 (513) 369-6074	X		X				X										X													Southern 33 counties.
MAHONING VALLEY DIABETES ASSOC. 420 Oak Hill Avenue Youngstown, OH 44502 (216) 744-2444					X			X												X					X					Mahoning, Trumbull, & Columbiana counties.
MIAMI VALLEY CYSTIC FIBROSIS CHAPT. 184 Salem Avenue Dayton, OH 45406 (513) 225-3002					X	X			X										X											Has Young Adult Group; offers low cost drug program; provides services thru CF clinic at Children's Medical Center, Dayton. Montgomery, Greene, & Preble counties.
NATIONAL PARAPLEGIA FOUNDATION Northeast Ohio Chapter 23381 Aurora Road #87 Bedford Heights, OH 44146 (216) 439-1059			X			X					X	X							X	X	X				X	X	X			Volunteer organization involved in daily living problems of people with all disabilities. Northeast Ohio.
NATIONAL PARAPLEGIA FOUNDATION OKI Regional Chapter 5001 Springdale Road Cincinnati, OH 45239 (513) 385-6479 Spinal Cord Injury Referral Serv.			X			X			X	X	X	X	X	X							X		X		X					Has Speakers Bureau. Greater Cincinnati area.
NORTHERN ILLINOIS UNIVERSITY Dept. of Communication Disorders Institute on Deafness DeKalb, IL 60115 (815) 753-1076, 753-1481		X						X	X	X	X	X	X		X	X	X			X	X			X				X	X	Develops resource materials (e.g. tapes for instructors of driver ed. programs for deaf individuals).

OHIO

ORGANIZATIONS	DISABILITY SERVED: Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	TYPE OF SERVICE: Information and referral	Direct services	Both info/referral & direct services	INFORMATION AND/OR SERVICES PROVIDED: Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
OHIO ASSOCIATION OF THE DEAF, INC. 1575 Redwood Avenue Akron, OH 44301 (216) 773-1535 TTY		X				X																								Attempts to help hearing impaired persons live reasonably comfortable lives without unnecessary restrictions; makes referrals to appropriate services.
OHIO BUREAU OF EMPLOYMENT SERVICES 145 South Front Street P. O. Box 1618 Columbus, OH 43216 (614) 466-2100	X	X	X	X	X		X						X	X	X															Unit within Counseling Section is responsible for services to handicapped persons.
OHIO COALITION FOR THE EDUCATION OF HANDICAPPED CHILDREN 8 East Long Street, 9th Floor Columbus, OH 43215 (614) 221-9354	X	X	X			X																				X				
OHIO DEPARTMENT OF EDUCATION Division of Special Education 933 High Street Worthington, OH 43085 (614) 466-2650	X	X	X	X	X																									Some services offered thru Special Education Regional Resource Centers located throughout state.
OHIO EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC. 5 North Broadleigh Columbus, OH 43209 (614) 237-7641 Program Director, Exec. Secretary	X	X	X	X				X															X	X	X	X	X			Local units provide services; contact state office for intra-agency referral.
OHIO REGISTRY OF INTERPRETERS FOR THE DEAF Ben Medlin, President 1 Earhart Place Kettering, OH 45420 (513) 253-8787		X					X									X														

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
OHIO REHABILITATION SERVICES COMMISSION 4656 Heaton Road Columbus, OH 43229 (614) 466-7790	X	X	X	X	X																									
REGIONAL LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED Cleveland Public Library 325 Superior Avenue Cleveland, OH 44114 (216) 623-2911 Department Head -- Braille and Talking Book Department	X		X	X				X									X													Northern Ohio (55 counties).
SPINA BIFIDA ASSOCIATION OF CINCINNATI, INC. P. O. Box 38403 Cincinnati, OH 45238 (513) 931-5488, 922-8880			X			X			X	X	X								X		X	X			X	X	X			Also urinary disorders. Interested in beginning services for teenagers. Southwest Ohio.
TRI-COUNTY SPINA BIFIDA ASSOCIATION P. O. Box 1305 Warren, OH 44482			X			X																								Parent group to help families understand and accept problems of spina bifida. Mahoning, Trumbull and Portage counties.

HEALTH & WELFARE DIRECTORY (and supplements)

1974-1977. $2.50 prepaid.

Federation for Community Planning
1001 Huron Road
Cleveland, OH 44115
(216) 781-2944

This directory does not focus on disability-related services; however, it does include several types of services which might be useful to physically disabled persons in the Greater Cleveland area, such as vocational training, occupational therapy, special education programs. Also includes an index by services.

RIGHTS HANDBOOK FOR OHIO'S PHYSICALLY HANDICAPPED

Rev. ed. Summer 1977 (Forthcoming). Approximately $2.00.

Ohio Easter Seal Society for Crippled
Children & Adults, Inc.
5 North Broadleigh
Columbus, OH 43209
(614) 237-7641

Covers numerous topics, such as special education, special services, legislation, transportation, employment. Lists agency resources and a bibliography.

OKLAHOMA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Eastern Oklahoma Chapter, Inc. 6565 South Yale, Suite 613 Tulsa, OK 74136 (918) 492-4047					X	X											X								X					Youth Task Force offers educational & social activities (for ages 12-25); sponsors visitation prog. for newly diagnosed diabetics; offers info. on financial assistance. Eastern Oklahoma.
AMERICAN DIABETES ASSOCIATION Western Oklahoma Chapter, Inc. 2801 N.W. Expressway, Suite 146 Oklahoma City, OK 73112 (405) 842-8839					X			X	X		X						X			X									X	Diabetes Education Center offers one week course in self-management of diabetes. Serves 405 phone area.
COMMUNITY SERVICE COUNCIL OF GREATER TULSA 1430 South Boulder Tulsa, OK 74119 (918) 585-5551	X	X	X	X	X	X																								Provides info & referral service; publishes Directory of community & agency services. Metro Tulsa area.
OKLAHOMA DEPARTMENT OF EDUCATION Division of Special Education 2500 North Lincoln Oklahoma City, OK 73105 (405) 521-3351	X	X	X	X	X																									
OKLAHOMA DIVISION OF REHABILITATIVE AND VISUAL SERVICES P. O. Box 25352 Oklahoma City, OK 73125 (405) 521-3374	X	X	X	X	X																									
OK EMPLOYMENT SECURITY COMMISSION Will Rogers Memorial Office Bldg. Oklahoma City, OK 73105 (405) 521-3794	X	X	X	X	X		X						X	X	X															

OKLAHOMA

ORGANIZATIONS	DISABILITY SERVED: Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	TYPE OF SERVICE: Information and referral	Direct services	Both info/referral & direct services	INFORMATION AND/OR SERVICES PROVIDED: Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
OKLAHOMA LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED 1108 N.E. 36th Street Oklahoma City, OK 73111 (405) 521-3514, 521-3832 Volunteer Coordinator	X		X	X				X								X	X	X												Makes bibliographic searches for textbooks needed by students in nonprint media and when possible (through volunteer transcribing) supplies texts.
OKLAHOMA REGISTRY OF INTERPRETERS FOR THE DEAF Glen Miller, President 6733 Cherry Place Oklahoma City, OK 73127 (409) 787-1567 TTY/Voice		X					X									X														
OKLAHOMA SOCIETY FOR CRIPPLED CHILDREN, INC. 2100 N.W. 63rd Street Oklahoma City, OK 73116 (405) 848-7604 Executive Director	X	X	X		X			X	X									X	X			X	X	X					X	Disabilities served also include scoliosis and speech disorders.
TULSA RECREATION CENTER FOR THE PHYSICALLY LIMITED 815 South Utica Tulsa, OK 74104 (918) 587-2089 Executive Director	X	X	X	X			X											X							X					Offers some counseling with family problems concerning handicaps. Tulsa & surrounding towns.
UNITED CEREBRAL PALSY OF OK, INC. 3734 N.W. 23rd Street Oklahoma City, OK 73107 (405) 947-7641			X			X			X			X					X			X	X					X				
WIN INDEPENDENCE NOW, INC. (WIN) 2223 East 54th Street Tulsa, OK 74105 (918) 747-6691 President, Chm. Educ. Committee	X	X	X					X	X		X	X		X		X				X	X				X	X	X			A mutual help, consumer group. Offers many services informally to help persons with handicaps. Metro Tulsa area.

OREGON

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Oregon Affiliate 3609 S.W. Corbett Portland, OR 97201 (503) 228-0849					X			X		X							X			X					X					
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF OREGON 4343 S.W. Corbett Avenue Portland, OR 97201 (503) 228-5108 Information Specialist	X	X	X	X	X			X											X				X		X					Directs AID (info/referral in all categories listed); operates Easter Seal School in Eugene for physically disabled students (to age 15).
EPILEPSY CENTER OF OREGON 2222 N.W. Lovejoy, Suite 365 Portland, OR 97210 (503) 229-7054				X				X	X				X															X	X	Also offers medical, neuropsychiatric, and psychological evaluations.
MUSCULAR DYSTROPHY ASSOCIATION P. O. Box 8048 Portland, OR 97207 (503) 223-3177 Patient Service Coordinator			X					X											X	X	X	X	X		X		X	X	X	Meets with school staff to discuss medical and psychosocial issues re neuromuscular diseases.
OREGON ALLIANCE OF BLIND STUDENTS 445 Hansen Avenue South Salem, OR 97302 (503) 585-6226	X							X																	X	X				Group of vis. handicapped young adults (age 15 and over) which fosters more job opportunities & improved educ. Aids blind students to find resource materials; awards annual scholarship.

OREGON

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																				
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
OREGON ASSOCIATION OF THE DEAF 1940 N.E. 57th Avenue Portland, OR 97213 (503) 281-7845		X				X										X									X					Aim is to improve and encourage ways to help hearing impaired persons obtain more and better benefits.
OREGON COMMISSION FOR THE BLIND 535 S.E. 12th Avenue Portland, OR 97214 (503) 238-8375	X																													State VR.
OREGON COUNCIL OF THE BLIND 3655 Monroe Avenue, N.E. Salem, OR 97301 (503) 363-5138 President	X					X					X														X	X			X	Presents bi-weekly AM radio program of news for vis. impaired persons on four OR stations.
OREGON DEPARTMENT OF EDUCATION Division of Special Education 942 Lancaster Drive, N.E. Salem, OR 97310 (503) 378-3598	X	X	X	X	X																									
OREGON EMPLOYMENT DIVISION 875 Union Street, N.E. Salem, OR 97311 (503) 378-3211	X	X	X	X	X		X						X	X	X															Every local office has a trained and designated handicapped representative.
OREGON REGISTRY OF INTERPRETERS FOR THE DEAF Sherry Andrues, President 7235 S.W. Sorrento Road Beaverton, OR 97005 (503) 646-6038		X					X									X														

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
OREGON STATE LIBRARY, Services for the Blind & Physically Handicapped 555 13th Street, N.E. Salem, OR 97301 (503) 378-3849 Information desk	X		X					X									X													
OR VOCATIONAL REHABILITATION DIV. Department of Human Resources 2045 Silverton Road, N.E. Salem, OR 97310 (503) 378-3850		X	X	X	X																									
REGIONAL RESOURCE CENTER FOR THE DEAF Oregon College of Education Maaske Hall Monmouth, OR 97361 (503) 838-1220 Ext. 444 Counselor With the Deaf		X						X	X	X	X	X	X	X	X	X	X	X			X	X		X	X	X		X	X	Also OR Coll. of Educ. has annual Career Day on campus for hearing imp. high school students; staff visits high schools to inform students about support services available at OCE.
TRI-COUNTY COMMUNITY COUNCIL 718 West Burnside Street Portland, OR 97209 (503) 228-9131	X	X	X	X	X	X																								Operates info/referral service; publishes *Directory of community services*. Clackamas, Multnomah, Washington counties.

SERVICE-RESOURCE DIRECTORY FOR DEAF AND HEARING IMPAIRED INDIVIDUALS -- OREGON

1977. 75 p. Free.

Regional Resource Center for the Deaf
and Hearing Impaired
Oregon College of Education
Maaske Hall
Monmouth, OR 97361
(503) 838-1220 X444

Provides names of interpreters, mental health professionals, doctors, religious workers, lawyers, and related personnel who can communicate with deaf persons; lists educational programs, speech and hearing clinics, sign language classes, State VR offices, and other facilities; gives descriptions of some programs, including professional training.

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
AMERICAN DIABETES ASSOCIATION Delaware Valley Affiliate 919 Walnut Street Philadelphia, PA 19107 (215) 627-7718					X	X			X	X										X		X			X					Bucks, Chester, Delaware, Montgomery, and Philadelphia counties.
AMERICAN DIABETES ASSOCIATION Pennsylvania Affiliate, Inc. 345 Jefferson Avenue Scranton, PA 18510 (717) 346-3224					X			X		X							X			X					X					Direct services listed are offered by local chapters - contact state office for nearest chapter. Eastern PA.
AMERICAN DIABETES ASSOCIATION Western PA Affiliate, Inc. 4401 Fifth Avenue Pittsburgh, PA 15213 (412) 682-3392 Executive Director					X			X												X		X								Youth group educational programs. Western PA.
CENTRAL PENNSYLVANIA REGISTRY OF INTERPRETERS FOR THE DEAF Charles M. Dietz, President 253 West Maple Street York, PA 17403 (717) 843-1465		X					X									X														
CYSTIC FIBROSIS FOUNDATION Western Savings Bank Bldg. #1308 Philadelphia, PA 19107 (215) 732-3185 Executive Director					X	X			X																					Information on medical equipment. Eastern PA.
CYSTIC FIBROSIS FOUNDATION Western PA Chapter 223 Fourth Avenue, Room 503 Pittsburgh, PA 15222 (412) 391-6633 Executive Director					X			X	X	X	X	X	X	X	X							X	X					X	X	Western PA (29 counties).

PENNSYLVANIA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF PA Fulling Mill Road, R.D. #1 P. O. Box 497 Middletown, PA 17057 (717) 939-7801			X			X																								Direct services offered by local units.
EDUCATION LAW CENTER, INC. 2100 Lewis Tower Building 225 South 15th Street Philadelphia, PA 19102 (215) 732-6655 Community Education Coordinator	X	X	X	X	X			X																		X				Offers free legal aid to parents/students re improving public educ.; advises on students' school problems.
EPILEPSY FOUNDATION OF AMERICA Pennsylvania Division P. O. Box 2045 Harrisburg, PA 17105 (717) 233-8739 Local service unit				X		X																								Local units provide services - contact state office for nearest unit.
GOVERNOR'S ADVOCATE FOR THE PHYSICALLY HANDICAPPED (John H. Snyder) State Street Building, Room 504 Harrisburg, PA 17101 (717) 783-8348	X	X	X	X	X	X																								Information and resource center, coordinating office for handicap services.
GREATER PHILADELPHIA REGISTRY OF INTERPRETERS FOR THE DEAF Sandra Pickering, President 51 Woodale Road Philadelphia, PA 19118 (215) 247-2245 TTY/Voice		X					X									X														
GREATER PITTSBURGH REGISTRY OF INTERPRETERS FOR THE DEAF Ruth Saunders, President 513 Walnut Road Pittsburgh, PA 15202 (412) 766-8678		X					X									X														

ORGANIZATIONS	DISABILITY SERVED: Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	TYPE OF SERVICE: Information and referral	Direct services	Both info/referral & direct services	INFORMATION AND/OR SERVICES PROVIDED: Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED (Regional) 919 Walnut Street Philadelphia, PA 19107 (215) 925-3213	X		X					X									X		X						X					Also provides reading materials relative to categories listed. Eastern PA.
LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED (Regional) Carnegie Library of Pittsburgh 4724 Baum Boulevard Pittsburgh, PA 15213 (412) 687-2440 (800) 242-0586	X		X				X										X													Western PA.
MUSCULAR DYSTROPHY ASSOCIATION, INC 508 Commerce Building 12th and State Streets Erie, PA 16501 (814) 453-5471 Patient Service Coordinator			X					X			X								X	X			X		X		X			Northwestern PA.
MUSCULAR DYSTROPHY ASSOCIATION, INC. 7601 Castor Avenue Philadelphia, PA 19152 (215) 342-5900 Patient Service Coordinator			X				X				X								X	X		X	X		X		X			
NEVIL INTERAGENCY REFERRAL SERVICE 919 Walnut Street, Room 400 Philadelphia, PA 19107 (215) 627-3501	X							X			X	X			X													X	X	Also makes referrals in all categories listed. Philadelphia and surrounding counties.
PENNSYLVANIA ASSOC. FOR THE BLIND 2843 North Front Street Harrisburg, PA 17110 (717) 234-3261 Director of Services	X	X						X	X		X					X	X	X	X	X		X			X		X			

PENNSYLVANIA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
PA BUREAU OF EMPLOYMENT SECURITY Labor and Industry Building Seventh & Forster Streets Harrisburg, PA 17120 (717) 787-6223	X	X	X	X	X		X						X	X	X															
PENNSYLVANIA BUREAU OF VOCATIONAL REHABILITATION Labor and Industry Building Seventh and Forster Streets Harrisburg, PA 17121 (717) 787-5244		X	X	X	X																									
PA DEPARTMENT OF EDUCATION Division of Special Education Post Office Box 911 Harrisburg, PA 17126 (717) 787-1360	X	X	X	X	X																									
PENNSYLVANIA OFFICE FOR THE VISUALLY HANDICAPPED (State VR) Capital Association Bldg. Rm. 31 P. O. Box 2675 Harrisburg, PA 17120 (717) 787-6176	X																													
PENNSYLVANIA SOCIETY FOR THE ADVANCEMENT OF THE DEAF, INC. P. O. Box 53 Chalfont, PA 18914 (215) 822-3441 Administrator		X				X											X	X						X	X	X				Buys and distributes teletype equipment; offers suggestions and advice to parents.

PENNSYLVANIA

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																				
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
SEIZURE CLINIC (Pediatric and Young Adult) Johns Hopkins Hospital & John F. Kennedy Institute 707 N. Broadway Baltimore, MD 21205 (301) 955-5300				X				X	X		X	X		X								X						X	X	Provides comprehensive services (medical and psychosocial) to persons with epilepsy.
SPINA BIFIDA ASSOCIATION OF WESTERN PENNSYLVANIA c/o Pediatric Neurosurgery Children's Hospital of Pittsburgh 125 DeSoto Street Pittsburgh, PA 15213 (412) 681-7700 Ext. 569, 570			X			X			X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X				Western Pennsylvania.
UNITED CEREBRAL PALSY OF PA 1719 North Front Street Harrisburg, PA 17102 (717) 234-2981 Executive Director			X					X	X	X	X	X	X	X				X	X	X	X		X	X	X	X	X	X		

DIRECTORY OF COMMONWEALTH SERVICES FOR THE HANDICAPPED

1977 (Forthcoming). Free.

Governor's Advocate for the Physically Handicapped
Office for Human Resources
State Street Building - Room 504
Harrisburg, PA 17101 (717) 783-8348

Includes state and private agencies and consumer groups concerned with all physical handicaps.

DIRECTORY OF SERVICES (Developmental disabilities)

1977. Price not yet determined.

Developmental Disabilities Council
Riverside Office Center, Bldg. 4
Harrisburg, PA 17120 (717) 787-6057

RHODE ISLAND

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION New England Affiliate, Inc. 377 Elliot Street Newton Upper Falls, MA 02164 (617) 965-2323 Executive Director	X				X			X	X	X	X									X										
COUNCIL FOR COMMUNITY SERVICES, INC. 229 Waterman Street Providence, RI 02919 (401) 351-6500	X	X	X	X		X			X	X	X	X	X															X	X	Information and referral service.
EPILEPSY FOUNDATION OF AMERICA Rhode Island Chapter, Inc. 17 Exchange Street Providence, RI 02903 (401) 274-3457				X		X			X	X	X	X																		
MUSCULAR DYSTROPHY ASSOCIATION Executive Office Park - Suite 225 1145 Reservoir Avenue Cranston, RI 02920 (401) 944-2350 Patient Service Coordinator			X					X	X										X			X	X		X		X			Also offers genetic counseling. All RI and Bristol County, MA.
[illegible] ENGLAND SPINAL CORD INJURY FOUNDATION, INC. c/o RI Vocational Rehabilitation 40 Fountain Street Providence, RI 02903 (401) 272-2447 Resource Coordinator			X			X			X		X	X	X	X				X	X	X	X	X	X		X	X	X			Also offers information on education, sexuality, other assistive agencies.
PARAPLEGIA ASSOCIATION OF RHODE ISLAND (P.A.R.I.) Box 6906 Providence, RI 02940 Membership Chairperson			X					X											X		X				X	X	X			

RHODE ISLAND

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
REGISTRY OF INTERPRETERS FOR THE DEAF For information contact: Wendy Petrarca 9 Longfellow Drive Coventry, RI 02816		X					X									X														
RHODE ISLAND DEPARTMENT OF EDUCATION Special Education Roger Williams Bldg., Rm. B-11-A Hayes Street Providence, RI 02908 (401) 277-3505	X	X	X	X	X																									
RHODE ISLAND DEPARTMENT OF EMPLOYMENT SECURITY 24 Mason Street Providence, RI 02903 (401) 861-6200	X	X	X	X	X		X						X	X	X															
RHODE ISLAND PARENTS COUNCIL FOR HEARING HANDICAPPED CHILDREN, INC. 96 Angell Road Lincoln, RI 02865 (401) 728-1776		X				X			X									X			X									
RHODE ISLAND REGIONAL LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED 95 Davis Street Providence, RI 02908 (401) 277-2726 Chief, Division of Special Library Services	X		X					X								X	X	X	X											

RHODE ISLAND

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
RHODE ISLAND SCHOOL FOR THE DEAF Adult Services Corliss Park Providence, RI 02908 (401) 277-3525 Director		X						X	X		X	X		X		X	X													
RHODE ISLAND SERVICES FOR THE BLIND (State VR) 46 Aborn Street Providence, RI 02903 (401) 277-2300	X																													
RI VOCATIONAL REHABILITATION 40 Fountain Street Providence, RI 02903 (401) 421-7005		X	X	X	X																									
UNITED CEREBRAL PALSY OF RI 300 Knight Street Warwick, RI 02886 (401) 738-9730 Program Services			X	X				X			X						X			X					X	X	X			

RESOURCE DIRECTORY: A GUIDE TO SERVICES IN NEW ENGLAND FOR SPINAL CORD INJURED PERSONS

1976. 146 p. Single copy free.

New England Spinal Cord Injury Foundation, Inc.
c/o Rhode Island Vocational Rehabilitation
40 Fountain Street
Providence, RI 02903 (401) 272-2447

Provides information on many topics: psychological services, legal rights, equipment, employment, education, and more. Lists state and local addresses for numerous agencies in New England. Cites some publications relative to spinal cord injury.

RIGHTS AND RESOURCES HANDBOOK FOR THE DEVELOPMENTALLY DISABLED (and supplement)

n.d. $1.00.

United Cerebral Palsy of Rhode Island
300 Knight Street
Warwick, RI 02886 (401) 738-0730

First section covers pertinent laws in education, employment, privacy, etc.; second section covers special services, such as vocational rehabilitation, medical assistance, and supplemental security income (SSI). Third section and supplement cover resources for counseling, employment/vocational training, recreation, and other services; lists parent and consumer groups.

SOUTH CAROLINA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
CYSTIC FIBROSIS FOUNDATION 1900 Broad River Rd., Suite 4 Columbia, SC 29210 (803) 798-4338					X			X											X											Also provides info on financial aid, locations of centers of medical expertise.
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN & ADULTS OF SC, INC. 3020 Farrow Road Columbia, SC 29203 (803) 256-0735 Executive Director			X					X	X	X	X		X		X		X		X	X	X	X	X	X	X		X			
INAREF Trident United Way, Inc. 1069 King St., P. O. Box 2696 Charleston, SC 29403 (803) 723-1676	X	X	X	X	X	X			X	X	X	X	X	X	X	X						X	X	X	X	X	X			Berkeley, Charleston and Dorchester counties.
MUSCULAR DYSTROPHY ASSOCIATION 2442 Devine Street, Room 1 Columbia, SC 29205 (803) 799-7435 Patient Service Coordinator			X																											
MUSCULAR DYSTROPHY ASSOCIATION Piedmont East, Suite 322 37 Villa Road Greenville, SC 29607 (803) 233-6331			X					X	X										X	X	X	X	X		X		X			Piedmont area.
SOUTH CAROLINA ASSOCIATION OF THE DEAF c/o Albert Gibson, President 1645 Woodford Road Columbia, SC 29209 (803) 776-4184 or (803) 244-7523 (TTY)		X				X						X	X	X			X	X		X						X				

SOUTH CAROLINA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
SOUTH CAROLINA COMMISSION FOR THE BLIND (State VR) P. O. Box 11638, Capitol Station Columbia, SC 29211 (803) 758-2595	X																													
SOUTH CAROLINA DEPARTMENT OF EDUCATION Office of Programs for the Handicapped Rutledge State Office Building Columbia, SC 29201 (803) 758-7432	X	X	X	X	X	X											X												X	Also speech handicapped. Offers information re available placement for handicapped students in educational programs within local school districts and other facilities.
SOUTH CAROLINA DIABETES ASSOCIATION, INC. 745 N. Pleasantburg Drive P. O. Box 6562 Greenville, SC 29606 (803) 235-3395					X			X	X	X	X	X				X				X								X		Counseling comprises consultation with other diabetics and their families, dietitians, and referrals.
SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION 1550 Gadsden Street P. O. Box 995 Columbia, SC 29202 (803) 758-2686	X	X	X	X	X		X						X	X	X															Each local office has a specialist who provides services to handicapped people.
SOUTH CAROLINA LEARNING RESOURCE CENTER 1406-1/2 Gervais Street Columbia, SC 29201 (803) 758-3250	X	X	X			X									X		X	X											X	Offers instructional materials and media for all types of handicapping conditions.

SOUTH CAROLINA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
SOUTH CAROLINA REGISTRY OF INTERPRETERS FOR THE DEAF Millie C. Colson, President 1323 Coosaw Drive Charleston, SC 29407 (803) 556-2211		X					X									X														
SOUTH CAROLINA STATE LIBRARY Division for the Blind and Physically Handicapped 718 South Edisto Avenue Columbia, SC 29205 (803) 758-2726	X		X				X										X								X					
SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT 3600 Forest Drive P. O. Box 4945 Columbia, SC 29240 (803) 758-3154		X	X	X	X																									
UNITED CEREBRAL PALSY OF SOUTH CAROLINA, INC. 1216 Remount Road North Charleston, SC 29406 (803) 747-3361 Program Service Director			X					X	X	X	X	X				X		X	X	X	X		X			X	X	X	X	Provides home service (social workers).

SOUTH DAKOTA

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
AMERICAN DIABETES ASSOCIATION, INC. South Dakota Affiliate 800 East 21st Street Sioux Falls, SD 57105 (605) 339-8000					X	X			X	X	X	X				X	X					X	X		X		X	X	X	
COMMUNITY INFORMATION CENTER 2118 South Summit Avenue Sioux Falls, SD 57105 (605) 334-6645	X	X	X	X	X	X			X		X	X	X	X	X	X			X	X	X	X	X	X	X	X	X			Also cancer, cystic fibrosis, diabetes, kidney disease and others. Resource listings primarily for Sioux Falls area (but inquiries accepted from any area).
CYSTIC FIBROSIS FOUNDATION South Dakota Chapter Box 495 Sioux Falls. SD 57101 (605) 336-9040 Executive Director, President					X	X											X	X	X											Also offers financial assistance.
MUSCULAR DYSTROPHY ASSOCIATION SD-Northwest Iowa Chapter 1506 East 10th Street Sioux Falls, SD 57103 (605) 339-2728 Patient Service Coordinator			X				X												X			X	X		X		X			Also consultation/in-service training for school nurses.
SOUTH DAKOTA DIVISION OF ELEMENTARY & SECONDARY EDUCATION Section for Special Education New State Office Building Pierre, SD 57501 (605) 224-3678	X	X	X	X	X																									

SOUTH DAKOTA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
SOUTH DAKOTA DIVISION OF REHABILITATIVE SERVICES State Office Building Illinois Street Pierre, SD 57501 (605) 224-3195	X	X	X	X	X																									
SOUTH DAKOTA EASTER SEAL SOCIETY 106 West Capitol P. O. Box 297 Pierre, SD 57501 (605) 224-2605 (800) 592-1852 (See Comments)	X	X	X					X														X		X			X			Has Info, Referral & Follow-up Program (statewide toll-free phone) - tries to respond to inquiries in most categories listed.
SD EMPLOYMENT SECURITY DEPARTMENT 607 North Fourth Street Aberdeen, SD 57401 (602) 622-2315 Job Service Director	X	X	X	X	X		X						X	X	X															
SD LIBRARY FOR THE HANDICAPPED State Library Building Pierre, SD 57501 (605) 224-3514 Administrative Librarian	X		X	X	X	X										X	X	X												
SOUTH DAKOTA OFFICE OF DEVELOPMENTAL DISABILITIES State Office Building Illinois Street Pierre, SD 57501 (605) 224-3438			X	X																										Has prepared a listing of services, agencies, & facilities serving developmentally disabled persons.
SOUTH DAKOTA REGISTRY OF INTERPRETERS FOR THE DEAF Larry Puthoff, President 1906 South Prairie Sioux Falls, SD 57105 (605) 336-6216		X					X									X														

SOUTH DAKOTA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
SPINA BIFIDA ASSOCIATION OF MN 4848 Hampshire Avenue North Crystal, MN 55428 (612) 533-5244 Corresponding Secretary			X			X																								Group of parents/adults with spina bifida; provides infor. & referrals in most areas listed.
TIE-LINE - INFORMATION AND REFERRAL SYSTEM State Capitol Pierre, SD 57501 (605) 224-3771 (800) 592-1865 (toll-free in SD) Info/Referral Specialist	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
UNITED CEREBRAL PALSY OF SD 1311 Campbell Drive Huron, SD 57350 (605) 352-6389 President	X	X	X	X			X												X	X			X			X	X			Also congenital disabilities such as spina bifida.

HANDBOOK FOR THE HANDICAPPED

n.d. 54 p. Free.

Center for Community Organization and Area Development (CENCOAD)
2118 South Summit Street
Sioux Falls, SD 57105 (605) 336-5236

This directory is about three or four years old and some changes have undoubtedly occurred in the organizations listed. However, it still may be useful as a listing of a number of organizations which offer services to handicapped persons both in the Sioux Falls area and in some cases, throughout the state. Relevant state agencies, health organizations, state schools for handicapped youth are among the organizations listed.

TENNESSEE

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Memphis Mid-South Chapter 969 Madison, Suite 1300 Memphis, TN 38104 (901) 522-9539					X	X														X								X		Conducts education course for juvenile-onset diabetics; offers family, parent-youth programs. Western Tennessee.
COUNCIL OF COMMUNITY SERVICES 1815 Parkway Towers Nashville, TN 37219 (615) 254-8352						X																								Provides info on community resources; publishes Directory of community services.
CYSTIC FIBROSIS FOUNDATION West Tennessee Chapter 555 Perkins Extension - 216B Memphis, TN 38117 (901) 682-8373 Executive Director					X	X			X	X																				
EASTER SEAL SOCIETY Volunteer Chapter 3011 Broadway, N.E. Knoxville, TN 37917 (615) 688-5080			X					X											X								X			
INFORMATION AND REFERRAL SERVICES United Way of Greater Memphis (Community Services) 3485 Poplar Avenue, Suite 1 Memphis, TN 38111 (901) 323-8381	X	X	X	X				X	X	X		X				X						X			X	X	X	X		Memphis and Shelby County.
MEMPHIS EPILEPSY FOUNDATION 1835 Union Avenue, Suite 209 Memphis, TN 38104 (901) 274-1720				X				X	X	X	X	X	X	X			X	X				X				X		X	X	Conducts School Alert prog - classroom presentations on epilepsy; offers employment advocacy & info on low cost drugs. Western Tennessee.

TENNESSEE

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
MIDDLE TN DIABETES ASSOCIATION Box 37, Baptist Hospital Nashville, TN 37236 (615) 320-0242 Executive Secretary					X			X									X			X		X								Middle Tennessee.
MUSCULAR DYSTROPHY ASSOCIATION 5050 Poplar - Suite 1130 Memphis, TN 38157 (901) 682-5696 Patient Service Coordinator			X					X	X										X			X	X		X		X			Southwestern Tennessee.
RECREATION SERVICES FOR THE HANDICAPPED, INC. 712 Tanglewood Memphis, TN 38104 (901) 272-2528 Executive Director	X	X	X	X	X			X	X		X	X											X		X					Shelby County.
TENNESSEE DEPARTMENT OF EDUCATION Div. for the Education of the Handicapped 103 Cordell Hull Building Nashville, TN 37219 (615) 741-2851, 741-2971	X	X	X	X	X																									
TENNESSEE DEPARTMENT OF EMPLOYMENT SECURITY 536 Cordell Hull Building Nashville, TN 37219 (615) 741-2131	X	X	X	X	X		X						X	X	X															Each office has one person assigned to work with Special Applicant groups, which includes physically handicapped persons.
TN DIV. OF SERVICES FOR THE BLIND Department of Human Services 303-304 State Office Building Nashville, TN 37219 (615) 741-3163	X																													

TENNESSEE

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
TENNESSEE DIVISION OF VOCATIONAL REHABILITATION 1808 West End Bldg. - Suite 1400 Nashville, TN 37203 (615) 741-2521		X	X	X	X																									
TENNESSEE LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED 5200 Centennial Boulevard Nashville, TN 37209 (615) 741-3915	X		X	X	X			X								X	X		X						X					
TENNESSEE REGISTRY OF INTERPRETERS FOR THE DEAF Georgia R. Hobb, President 605 Clearview Drive Nashville, TN 37205 (615) 269-5356		X					X									X														

DIRECTORY OF HEALTH, EDUCATION & WELFARE SERVICES - GREATER MEMPHIS AREA (excluding Shelby County)

1975. 269 p. Free.

Memphis Regional Medical Program
1300 Medical Center Towers
969 Madison Avenue
Memphis, TN 38104 (901) 522-8336

Types of services covered include physical therapy, speech and hearing, vocational rehabilitation, medical equipment, mental health, education. Also lists physicians, social workers, and other professionals. Arranged by county.

DIRECTORY OF HEALTH, EDUCATION & WELFARE SERVICES - SOUTHWEST TENNESSEE

1975. 310 p. Free.

Memphis Regional Medical Program
1300 Medical Center Towers
969 Madison Avenue
Memphis, TN 38104 (901) 522-8336

Types of services covered include physical therapy, speech and hearing, vocational rehabilitation, medical equipment, mental health, education. Also lists physicians, social workers, and other professionals. Arranged by county (8 counties covered).

TENNESSEE DIRECTORY OF SERVICES FOR THE DEVELOPMENTALLY DISABLED

Rev. ed. Summer 1977 (Forthcoming). Free.

Tennessee-Peabody Referral and Information Office
Box 40, Peabody College
Nashville, TN 37203 (615) 327-8216

A comprehensive listing of state agencies, special education, counseling, vocational evaluation and training, medical, and other services. Arranged by regions of the state.

TEXAS

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
AMERICAN DIABETES ASSOCIATION South Texas Affiliate 1536 East Anderson Lane #36 P. O. Box 12946 Austin, TX 78711 (512) 837-1712 Program Director Program Assistant					X			X								X	X		X	X					X				X	Also hypoglycemia, chronic obesity. Coordinates referrals to treatment center at U. of Texas-Galveston; tries to assist in financial need cases. South Texas.
CYSTIC FIBROSIS FOUNDATION Lone Star Chapter 4242 Piedras Drive Suite 108 San Antonio, TX 78228 (512) 732-2011 Executive Director					X	X			X	X	X	X	X				X			X		X	X		X	X	X			Southern and western Texas.
DALLAS EPILEPSY ASSOCIATION 5415 Maple Avenue, Suite 421 Dallas, TX 75235 (214) 634-8421 Director of Client Services				X				X	X	X	X	X	X	X	X							X			X	X	X	X	X	Has Teen Group for recreation and problem-solving assistance. North Texas area.
EASTER SEAL SOCIETY OF TEXAS 4429 North Central Expressway Dallas, TX 75201 (214) 526-3811 Treatment & Service Coordinator		X	X		X			X													X		X	X	X		X			
GOLDEN TRIANGLE REGISTRY OF INTERPRETERS FOR THE DEAF Jean Wilkes, President 2980 Wier Drive Beaumont, TX 77706 (713) 892-1993		X					X									X														

TEXAS

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
GREATER HOUSTON REGISTRY OF INTERPRETERS FOR THE DEAF Mary Redman, President 11406 Newton Houston, TX 77034 (713) 481-1703		X					X									X														
HEART OF THE PLAINS REGISTRY OF INTERPRETERS FOR THE DEAF Ione Priest, President 5202 Bangor #K202 Lubbock, TX 79414 (806) 797-3587		X					X									X														
MUSCULAR DYSTROPHY ASSOCIATION 1502 Timberline Office Park Austin, TX 78746 (512) 327-3790 Patient Service Coordinator			X					X	X		X								X	X		X	X	X	X		X			
MUSCULAR DYSTROPHY ASSOCIATION 12011 Coit Road, Suite 117 Dallas, TX 75251 (214) 661-3297 Patient Service Coordinator			X					X	X	X	X						X	X	X		X	X	X		X		X	X	X	
MUSCULAR DYSTROPHY ASSOCIATION 1816 Hunter Drive El Paso, TX 79915 (915) 591-2815 District Director			X					X									X	X	X				X		X		X			West Texas.
MUSCULAR DYSTROPHY ASSOCIATION 525 Seminary South Office Bldg. Fort Worth, TX 76115 (817) 923-8819			X					X	X	X									X	X	X	X	X		X		X			Fort Worth, Abilene, San Angelo area (34 counties).

TEXAS

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
NATIONAL PARAPLEGIA FOUNDATION North Texas Chapter 3400 Hulen Fort Worth, TX 76107 (817) 737-6661 Executive Director	X	X	X	X				X	X		X		X						X									X		North Texas area.
NORTH CENTRAL TEXAS REGISTRY OF INTERPRETERS FOR THE DEAF Dorothy Penix, President 2814 Abston Mesquite, TX 75150		X					X									X														
SAN ANTONIO EPILEPSY ASSOCIATION 1119 South Alamo San Antonio, TX 78210 (512) 225-4547 Secretary				X				X	X	X	X	X	X	X						X		X			X	X	X		X	South Texas.
SAN ANTONIO REGISTRY OF INTERPRETERS FOR THE DEAF Vennie Cecil, President 16240 San Pedro #25 San Antonio, TX 78232 (512) 493-7100		X					X									X														
TEXAS EDUCATION AGENCY Division of Special Education 201 East 11th Street Austin, TX 78701 (512) 475-3501	X	X	X	X	X																									Operates regional Direction Centers to locate appropriate services for handicapped students.
TEXAS EMPLOYMENT COMMISSION 638 Tec Building 15th and Congress Avenue Austin, TX 78778 (512) 472-6251	X	X	X	X	X		X						X	X	X															Has handicap specialist in State Office and designated staff person in local offices to serve handicapped clients.

TEXAS

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
TEXAS REHABILITATION COMMISSION 7745 Chevy Chase Drive Austin, TX 78752 (512) 452-8192		X	X	X	X																									
TEXAS SOCIETY OF INTERPRETERS FOR THE DEAF Lil Browning, President 4316 Lambeth Lane Fort Worth, TX 76103 (817) 531-2160		X					X									X														
TEXAS STATE COMMISSION FOR THE BLIND P. O. Box 12866, Capitol Station 800 City National Bank Building Austin, TX 78711 (512) 474-1901	X																													
TEXAS STATE LIBRARY, DIVISION FOR THE BLIND & PHYSICALLY HANDICAPPED P. O. Box 12927, Capitol Station Austin, TX 78711 (512) 475-4758	X		X		X			X								X	X				X				X	X	X			
UNITED CEREBRAL PALSY OF TEXAS, INC. 201 San Jacinto Building Austin, TX 78701 (512) 477-6515 Program Director			X					X										X	X	X	X				X	X		X	X	

UTAH

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Utah Affiliate Graystone Plaza #4 1174 East 2700 South Salt Lake City, Utah 84106 (801) 484-6961 Executive Director					X	X			X	X							X								X				X	
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN & ADULTS OF UTAH, INC. 4868 South State Murray, Utah 84107 (801) 262-6459			X					X											X		X		X	X	X					
EPILEPSY ASSOCIATION OF UTAH Fort Douglas Building 108 Salt Lake City, Utah 84113 (801) 583-4248 Executive Director				X		X				X	X						X												X	
MENTAL HEALTH SERVICES TO THE DEAF Murray-Jordan-Tooele Mental Hygiene Centro 5130 South State Murray, Utah 84107 (801) 262-8416 Coordinator		X						X	X	X	X	X													X			X	X	
MUSCULAR DYSTROPHY ASSOCIATION 3333 South 9th East Salt Lake City, Utah 84106 (801) 486-5937 Patient Service Coordinator			X					X	X		X						X		X			X	X		X		X			
UTAH ASSOCIATION FOR THE DEAF 580 West 5720 South Murray, Utah 84107 (801) 262-8416 President		X				X																			X	X		X	X	

UTAH

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																				
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
UTAH CEREBRAL PALSY ASSOCIATION 2500 Emigration Canyon Salt Lake City, Utah 84108 (801) 582-0700			X				X																		X		X			Offers recreation therapy. Salt Lake County.
UTAH DEPT. OF EMPLOYMENT SECURITY 174 Social Hall Avenue Salt Lake City, Utah 84147 (801) 533-2201	X	X	X	X	X		X						X	X	X															Some local staff have special training in working with disabled clients.
UTAH DIVISION OF REHABILITATION SERVICES 250 East Fifth South Utah State Board of Education Salt Lake City, Utah 84111 (801) 533-6814	X	X	X	X	X																									
UTAH REGISTRY OF INTERPRETERS FOR THE DEAF 250 East 5th Street, South Salt Lake City, Utah 84111		X					X									X														
UTAH REGISTRY OF INTERPRETERS FOR THE DEAF, Ogden Chapter 846 20th Street Ogden, Utah 84401		X					X									X														
UTAH REGISTRY OF INTERPRETERS FOR THE DEAF, Provo Chapter Marc Rosskelly, President 1616 Deseret Towers Provo, Utah 84601 (801) 377-0425		X					X									X														
UTAH STATE BOARD OF EDUCATION Special Education Section 250 East Fifth, South Salt Lake City, Utah 84111 (801) 533-5982	X	X	X	X	X																									

UTAH

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
UTAH STATE LIBRARY COMMISSION Division for the Blind and Physically Handicapped 2150 South 300 West, Suite 16 Salt Lake City, Utah 84115 (801) 533-5855	X		X				X									X	X	X												

DIRECTORY OF COMMUNITY SERVICES

Summer 1977 (Forthcoming). Cost to be determined.

Community Services Council, Salt Lake Area
2033 South State Street
Salt Lake City, Utah 84115 (801) 486-2136

Presents information on services in the Salt Lake area, such as specialized health (e.g., Cystic Fibrosis Clinic), mental health. Not directed towards disability-related services, but does include a number of relevant ones.

RESOURCE DIRECTORY: SERVICES FOR THE HANDICAPPED

1977. $3.00.

Outreach & Development Department
Exceptional Child Center
Utah State University
Logan, Utah 84322 (801) 752-4100 X7753

Identifies numerous special education, evaluation and diagnosis, mental health, vocational evaluation and training, and other facilities serving disabled persons in Utah.

WEBER COUNTY DIRECTORY OF COMMUNITY INFORMATION AND SOCIAL SERVICES

Summer 1977 (Forthcoming). Free (Send stamped, self-addressed large envelope).

Weber County Library
2464 Jefferson Avenue
Ogden, Utah 84401
Attn: Mary Petterson (801) 399-8416

Includes some services for blind, deaf, and other physically disabled persons in the areas of health, counseling, education, etc.

VERMONT

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION New England Affiliate 377 Elliot Street Newton Upper Falls, MA 02164 (617) 965-2323 Executive Director	X				X			X	X	X	X									X										Accepts all inquiries and tries to assist individuals in every possible way.
EPILEPSY ASSOCIATION OF VERMONT, INC. 210 South Main Street Rutland, VT 05701 (802) 775-1686 Executive Director				X				X	X	X							X									X		X	X	
MUSCULAR DYSTROPHY ASSOCIATION, INC. 125 S. Winooski Ave., Rms. 104-5 Burlington, VT 05401 (802) 862-6424			X					X	X	X	X						X		X	X	X	X	X		X		X			
NEW ENGLAND SPINAL CORD INJURY FOUNDATION, INC. c/o Vermont Department of Vocational Rehabilitation 81 River Street Montpelier, VT 05602 (802) 828-3455 Resource Coordinator			X			X			X		X	X	X	X				X	X	X	X	X	X		X	X	X			Also offers information on education, sexuality, other assistive agencies.
REGISTRY OF INTERPRETERS FOR THE DEAF For information contact: Dennis Hoffmeyer Austine School for the Deaf 120 Maple Street Brattleboro, VT 05301		X					X									X														

VERMONT

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
UNITED CEREBRAL PALSY OF VERMONT Box 156 Hyde Park, VT 05655 (802) 888-2364 Executive Director			X			X			X			X	X					X	X	X	X	X	X	X	X	X			X	
VERMONT ACHIEVEMENT CENTER 88 Park Street Rutland, VT 05701 (802) 775-2395 Service Coordinator		X	X	X	X			X							X				X			X	X	X				X	X	Driver ed. testing for disabled persons.* Also convalescent care unit. Outpatient servs. -- commuting distance; other (incl. inservice progs.) -- statewide.
VERMONT ASSOCIATION FOR THE BLIND, INC. 887 Pine Street Burlington, VT 05401 (802) 862-4183	X							X											X											
VERMONT COUNCIL OF THE BLIND Box 233 West Brattleboro, VT 05301 (802) 254-9554	X							X			X							X	X						X					
VERMONT DEPARTMENT OF EDUCATION Special Educational and Pupil Personnel Services Montpelier, VT 05602 (802) 828-3141	X	X	X	X	X																									
VERMONT DEPARTMENT OF EMPLOYMENT SECURITY 5 Green Mountain Drive P. O. Box 488 Montpelier, VT 05602 (802) 229-0311	X	X	X	X	X		X						X	X	X															Special Applicant Services include handicapped persons.

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* Driver ed. testing also given at Medical Center Hospital of VT (Physical Therapy & Occupational Therapy Dept.), Burlington.

VERMONT

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																						COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers		
VERMONT DIVISION FOR THE BLIND & VISUALLY HANDICAPPED Dept. of Social & Rehabilitation Services 81 River Street Montpelier, VT 05602 (802) 828-2747	X																														
VERMONT DIVISION OF VOCATIONAL REHABILITATION 81 River Street Montpelier, VT 05602 (802) 828-3455		X	X	X	X																										
VERMONT LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED Vermont Dept. of Libraries Special Services Montpelier, VT 05602 (802) 828-3273	X		X				X										X														Loans recreational and supplementary materials and playback machines.

RESOURCE DIRECTORY: A GUIDE TO SERVICES IN NEW ENGLAND FOR SPINAL CORD INJURED PERSONS

1976. 146 p. Single copy free.

New England Spinal Cord Injury Foundation, Inc.
c/o Vermont Department of Vocational Rehabilitation
81 River Street
Montpelier, VT 05602 (802) 828-3455

Provides information on many topics: psychological services, legal rights, equipment, employment, education, and more. Lists state and local addresses for numerous agencies in New England. Cites some publications relative to spinal cord injury.

A directory describing the programs and services of the various state offices within the Vermont Agency of Human Services is presently outdated and unavailable, but a revision is being planned.

For more information contact: Secretary, Agency of Human Services
Heritage II Building
79 River Street
Montpelier, VT 05602
(802) 828-2471

VIRGINIA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Virginia Affiliate, Inc. P. O. Box 8495 Richmond, VA 23226 (804) 285-9819 Executive Director					X	X			X	X	X	X																X	X	All of Virginia except cities of Arlington, Alexandria, and Fairfax County.
CYSTIC FIBROSIS FOUNDATION Old Dominion Chapter Hotel Jefferson Richmond, VA 23220 (804) 649-1352 Executive Director					X			X		X				X		X	X		X						X					
MUSCULAR DYSTROPHY ASSOCIATION 202 Board of Trade Building 304 Plume Street Norfolk, VA 23510 (804) 627-9777 District Director			X					X	X		X		X				X	X	X	X	X	X	X		X		X			Tidewater, Peninsula and outlying areas.
MUSCULAR DYSTROPHY ASSOCIATION 5021 Brook Road Richmond, VA 23227 (804) 262-1032 Patient Service Coordinator			X					X	X		X	X	X					X	X	X	X	X	X		X		X			
NATIONAL PARAPLEGIA FOUNDATION Blue Ridge Chapter Woodrow Wilson Rehabilitation Center Box W-37 Fishersville, VA 22939 (703) 885-7281 President			X			X															X							X	X	Focus on community problems re disabled. Willing to present program on arch. barriers, psychosocial problems, etc. Consultation for problem solving.

VIRGINIA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
POTOMAC REGISTRY OF INTERPRETERS FOR THE DEAF Mike Deninger, President 12705 Lode Street Bowie, MD 20715 (301) 577-6513 TTY/Voice		X					X									X														North VA.
SEIZURE CLINIC (Pediatric and Young Adult) Johns Hopkins Hospital & John F. Kennedy Institute 707 North Broadway Baltimore, MD 21205 (301) 955-5300				X				X	X		X	X		X								X						X	X	Provides comprehensive services (medical and psychosocial) to persons with epilepsy.
VIRGINIA COMMISSION FOR THE VISUALLY HANDICAPPED (State VR) 3003 Parkwood Avenue Richmond, VA 23221 (804) 786-2181	X																													Operates Instructional Materials Ctr. Educ. Services Dept. works with students, parents, schools.
VIRGINIA DEPARTMENT OF EDUCATION Division of Special Education Richmond, VA 23216 (804) 786-2673	X	X	X	X	X																									
VIRGINIA DEPT. OF VOCATIONAL REHABILITATION Commonwealth Bldg. 4615 West Broad Street P. O. Box 11045 Richmond, VA 23230 (804) 770-2091		X	X	X	X																									

VIRGINIA

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
ORGANIZATIONS	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
VIRGINIA EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN & ADULTS 4841 Williamson Road Roanoke, VA 24012 (703) 362-1656 Information and Referral Specialist	X	X	X	X				X													X		X	X	X		X			
VIRGINIA EMPLOYMENT COMMISSION 703 East Main Street P. O. Box 1358 Richmond, VA 23211 (804) 936-3001	X	X	X	X	X		X						X	X	X															Services to the Handicapped is specialized program.
VIRGINIA REGISTRY OF INTERPRETERS FOR THE DEAF Virginia Council for the Deaf 4915 Radford #207 Richmond, VA 23230		X					X									X														
VIRGINIA STATE LIBRARY FOR THE VISUALLY & PHYSICALLY HANDICAPPED 1901 Roane Street Richmond, VA 23222 (804) 786-8016	X		X		X			X									X													

HANDBOOK ON THE LEGAL RIGHTS OF HANDICAPPED PEOPLE

See National Directories of Services and Materials, p. 446.

See also District of Columbia listing for resources in northern Virginia (Metropolitan DC area).

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Washington Affiliate 1219 Terry Ave., Room 105 Seattle, WA 98101 (206) 624-5240					X	X					X														X	X		X	X	
CYSTIC FIBROSIS FOUNDATION 3525 Stone Way North Seattle, WA 98103 (206) 634-0950 Executive Director See also Comments					X	X			X	X	X	X	X	X								X	X	X	X	X	X	X	X	CFF Field Office in Spokane: CFF, Suite 341 Peyton Building Spokane, WA 99201 (509) 624-5417
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN & ADULTS OF WASHINGTON 521 - 2nd Avenue West Seattle, WA 98119 (206) 284-5706 (206) 284-5700 (Community AID)	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
EASTERN WASHINGTON EPILEPSY SOCIETY North 10 Post, Room 346 Spokane, WA 99201 (509) 624-1033				X				X	X		X	X					X											X	X	Eastern Washington.
MUSCULAR DYSTROPHY ASSOCIATION P. O. Box 1825 Seattle, WA 98111 (206) 624-6262 Patient Service Coordinator			X					X														X	X		X					Equipment provided upon prescription.
MUSCULAR DYSTROPHY ASSOCIATION 612 Great Western Building P. O. Box 15 Spokane, WA 99210 (509) 747-5188 Patient Service Coordinator			X					X	X										X	X	X	X	X		X					Eastern Washington.

WASHINGTON

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
NATIONAL PARAPLEGIA FOUNDATION Greater Puget Sound Chapter 9906 - 126th Street East Puyallup, WA 98371 (206) 848-5062			X			X													X		X		X		X					Pierce County.
REGIONAL RESOURCE CENTER FOR THE DEAF Oregon College of Education Maaske Hall Monmouth, OR 97361 (503) 838-1220 Ext. 444 Counselor With the Deaf		X						X	X	X	X	X	X	X	X	X	X	X			X	X		X	X	X		X	X	Also OR Coll. of Educ. has annual Career Day on campus for hearing imp. high school students; staff visits high schools to inform students about support services available at OCE.
UNITED CEREBRAL PALSY ASSOCIATION OF WASHINGTON 4409 Interlake Avenue North Seattle, WA 98103 (206) 632-6191 Program Services Information & Referral		X	X	X		X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Also amputees. State office provides info/referral; local affiliates (addresses from state office) provide direct services.
WASHINGTON DEPARTMENT OF EMPLOYMENT SECURITY Employment Security Building 212 Maple Park Olympia, WA 98504 (206) 753-5114	X	X	X	X	X		X						X	X	X															
WASHINGTON DIVISION OF VOCATIONAL REHABILITATION Dept. of Social & Health Service P. O. Box 1788 (Mail Stop 24-1) Olympia, WA 98504 (206) 735-2544		X	X	X	X																									

WASHINGTON

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
WASHINGTON OFFICE OF SERVICES FOR THE BLIND (State VR) Dept. of Social & Health Serv. 3411 South Alaska Street Seattle, WA 98118 (206) 464-6690	X																													
WASHINGTON REGIONAL LIBRARY FOR THE BLIND & PHYSICALLY HANDICAPPED 811 Harrison Seattle, WA 98129 (206) 464-6930	X		X					X									X	X	X											Also transcribes print materials to braille or tape; offers info/referral.
WASHINGTON STATE REGISTRY OF INTERPRETERS FOR THE DEAF Marjorie Stockwell, President 12911 - 42nd Street E. Tacoma, WA 98446 (206) 537-8842		X					X									X														
WASHINGTON SUPERINTENDENT OF PUBLIC INSTRUCTION Special Services Section Old Capitol Building Olympia, WA 98504 (206) 753-2563	X	X	X	X	X																									
WESTERN WASHINGTON STATE EPILEPSY SOCIETY 145 N.W. 85th Street, Room 203 Seattle, WA 98117 (206) 784-5775				X				X		X		X		X		X						X			X	X	X			Western Washington.

SERVICE-RESOURCE DIRECTORY FOR DEAF AND HEARING IMPAIRED INDIVIDUALS -- WASHINGTON

1976. 45 p. Free.

Regional Resource Center for the Deaf
and Hearing Impaired
Oregon College of Education, Maaske Hall
Monmouth, OR 97361 (503) 838-1220 X444
Attn: Assistant Director

Provides names of interpreters, mental health professionals, doctors, religious workers, lawyers, and related personnel who can communicate with deaf persons; lists educational programs, speech and hearing clinics, sign language classes, State VR offices, and other facilities; gives descriptions of some programs, including professional training.

WEST VIRGINIA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION West Virginia Affiliate P. O. Box 2865 1026 Quarrier Street, Room 404 Charleston, WV 25330 (304) 346-6418 Executive Director					X	X														X										Planning expansion of services.
COMMUNITY COUNCIL OF KANAWHA VALLEY Information & Referral Bureau P. O. Box 2711 Charleston, WV 25330 (304) 342-5109	X	X	X	X	X	X																								Assists in locating appropriate community resources; publishes Directory of community services for Kanawha Valley area.
DEVELOPMENTAL DISABILITIES INFORMATION & REFERRAL SERVICE WV Assoc. for Retarded Citizens 514 - Union Trust Building Parkersburg, WV 26101 (304) 485-5283			X	X		X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Also serves persons with other disabilities. Client advocate service.
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF WV 1210 Virginia Street, East Charleston, WV 25301 (304) 346-3508		X	X	X	X			X															X	X			X			Services offered through local units - addresses available from state office.
MOUNTAIN STATE EPILEPSY LEAGUE 1319 Sixth Avenue Huntington, WV 25701 (304) 525-6361				X		X																								Provides films and materials on epilepsy.
SEIZURE CLINIC (Pediatric and Young Adult) Johns Hopkins Hospital & John F. Kennedy Inst., 707 N. Broadway Baltimore, MD 21205 (301) 955-5300				X				X	X		X	X		X								X						X	X	Provides comprehensive services (medical & psychosocial) to persons with epilepsy.

WEST VIRGINIA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
UNITED CEREBRAL PALSY ASSOCIATION West Virginia Affiliate, Inc. P. O. Box 1561 Charleston, WV 25326 (304) 348-6688			X					X	X	X	X	X		X		X		X		X	X				X	X		X	X	
WV DEPARTMENT OF EDUCATION Division of Special Education Building B, Unit 6 State Capitol Charleston, WV 25305 (304) 348-2034, 348-8830	X	X	X	X	X																									
WV DEPT. OF EMPLOYMENT SECURITY State Office Building 112 California Avenue Charleston, WV 25305 (304) 348-2630	X	X	X	X	X		X						X	X	X															Services to the Handicapped program serves all handicapped individuals seeking assistance.
WEST VIRGINIA DIVISION OF VOCATIONAL REHABILITATION State Board of Vocational Educ. State Capital, P&G Building Washington Street Charleston, WV 25305 (304) 345-2375	X	X	X	X	X																									
WV LEGAL SERVICES PLAN, INC. 1420 Kanawha Boulevard, East Charleston, WV 25301 (304) 348-8980 Adm. Asst., Central Office								X																		X				Serves persons qualified as physically (or mentally) disabled under applicable Social Security Regulations.
WV LIBRARY COMMISSION, SERVICES FOR THE BLIND AND PHYSICALLY HANDICAPPED Science and Cultural Center Charleston, WV 25305 (304) 348-4061 Head Librarian	X		X					X								X	X													

WEST VIRGINIA

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
WEST VIRGINIA REGISTRY OF INTERPRETERS FOR THE DEAF Robert Linzey, Chairman WV Schools for the Deaf and Blind Romney, WV 26757 (304) 822-3521		X					X									X														
WEST VIRGINIA SOCIETY FOR THE BLIND & SEVERELY DISABLED 1427 Lee Street Charleston, WV 25301 (304) 348-2373 Chief, Services for the Blind	X						X				X	X	X	X	X	X	X		X	X	X	X	X	X	X		X	X		

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
	Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	Information and referral	Direct services	Both info/referral & direct services	Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	
AMERICAN DIABETES ASSOCIATION Wisconsin Affiliate 5215 North Ironwood Road Milwaukee, WI 53217 (414) 964-7676					X	X					X						X													
CYSTIC FIBROSIS FOUNDATION Wisconsin Chapter 6400 West Capitol Drive Milwaukee, WI 53216 (414) 466-5320 (See Comments)					X	X			X	X							X													Initial contact: Cystic Fibrosis Clinics at University of WI, Madison, or Milwaukee Children's Hospital.
EASTER SEAL SOCIETY OF WISCONSIN 2702 Monroe Street Madison, WI 53711 (608) 231-3411 Director of Programs			X					X											X	X					X					Also markets craft items created by disabled persons.
GREEN BAY AREA SPINA BIFIDA ASSOC. 1655 Fiesta Lane Green Bay, WI 54302 (414) 468-7906			X			X																								Provides information and support to parents. Northeast WI.
INFO/COMMUNITY INFORMATION AND REFERRAL 210 Monona Avenue Madison, WI 53709 (608) 266-6366	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Dane County, including city of Madison.
MUSCULAR DYSTROPHY ASSOCIATION, INC. 5918 West North Avenue Milwaukee, WI 53208 (414) 453-7600 Patient Service Coordinator			X					X														X	X		X		X			

WISCONSIN

ORGANIZATIONS	DISABILITY SERVED: Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	TYPE OF SERVICE: Information and referral	Direct services	Both info/referral & direct services	INFORMATION AND/OR SERVICES PROVIDED: Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
MUSCULAR DYSTROPHY ASSOCIATION 401 East Superior Street Duluth, MN 55802 (218) 727-3466 District Director, Patient Service Coordinator			X					X	X		X							X	X	X	X	X	X		X		X			Northwestern WI.
NATIONAL PARAPLEGIA FOUNDATION Greater Milwaukee Chapter 3575 North Oakland Milwaukee, WI 53211 (414) 332-3930 Executive Director			X					X	X												X				X	X		X	X	
NORTHERN ILLINOIS UNIVERSITY Dept. of Communication Disorders Institute on Deafness DeKalb, IL 60115 (815) 753-1076, 753-1481		X						X	X	X	X	X	X		X	X	X			X	X			X				X	X	Develops resource materials (e.g. tapes for instructors of driver education programs for deaf individuals).
SPINA BIFIDA ASSOC. OF MINNESOTA 4848 Hampshire Avenue, North Crystal, MN 55428 (612) 533-5244 Corresponding Secretary			X			X																								Group of parents/adults with spina bifida; provides info and referral in most areas listed. Western WI.
UNITED CEREBRAL PALSY OF WISCONSIN 315 West Gorham Street Madison, WI 53703 (608) 251-6533 Executive Director			X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
WISCONSIN COUNCIL OF THE BLIND, INC. Suite 158 1245 E. Washington Avenue Madison, WI 53703 (608) 255-1166 Executive Secretary	X							X										X	X						X	X				Also awards college and technical school scholarships.

WISCONSIN

	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					
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WI DEPT. OF PUBLIC INSTRUCTION Division for Handicapped Children 126 Langdon Street Madison, WI 53702 (608) 266-1649, 266-1781	X	X	X	X	X																									
WI DIVISION OF VOCATIONAL REHAB. Dept. of Health & Social Services 1 West Wilson Street, Room 720 Madison, WI 53702 (608) 266-1281	X	X	X	X	X																									
WISCONSIN EPILEPSY ASSOCIATION 1954 East Washington Avenue Madison, WI 53704 (608) 262-4891				X		X			X	X	X	X														X		X	X	Counseling offered in several locations throughout WI, not at state office; locations obtained from state office.
WISCONSIN JOB SERVICE DIVISION 201 East Washington Avenue P. O. Box 7398 Madison, WI 53701 (608) 266-7074	X	X	X	X	X		X						X	X	X															Staff in admin. office monitors services to disabled persons. Most local offices also designate special staff.
WI REGIONAL LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED 814 West Wisconsin Avenue Milwaukee, WI 53233 (414) 278-3045	X		X	X	X		X										X													
WISCONSIN REGISTRY OF INTERPRETERS FOR THE DEAF Michael Cinatl, President 4850 South 69th Street, #8 Milwaukee, WI 53220 (414) 280-0830		X					X									X														

WYOMING

ORGANIZATIONS	DISABILITY SERVED: Visual	Hearing	Neuromuscular/orthopedic	Epilepsy	Chronic health problems	TYPE OF SERVICE: Information and referral	Direct services	Both info/referral & direct services	INFORMATION AND/OR SERVICES PROVIDED: Family counseling	Group counseling	Personal adjustment counseling	Career guidance	Vocational assessment	Job placement	Psychometric testing	Support services	Specialized instructional materials	Modified equipment/special devices	Aids/devices for daily living skills	Daily living skills	Consult. for arch. barrier removal	Medical services	Physical/occupational therapy	Speech & hearing therapy	Social & recreational programs	Legal rights	Transportation	Consult./inservice to guidance staff	Consult./inservice to teachers	COMMENTS
CYSTIC FIBROSIS ASSOCIATION Wyoming Chapter 1116 Logan Avenue Cheyenne, WY 82001 (307) 634-8186					X	X			X								X	X	X				X							
GOTTSCHE REHABILITATION CENTER Box 790 Thermopolis, WY 82443 (307) 864-2147			X				X					X	X		X				X			X	X	X				X	X	An outpatient facility
UTAH STATE LIBRARY COMMISSION Division for the Blind and Physically Handicapped (Regional) 2150 South 300 West, Suite 16 Salt Lake City, Utah 84115 (801) 533-5855	X		X				X									X	X	X												
WY DEPARTMENT OF EDUCATION Office of Exceptional Children Cheyenne, WY 82002 (307) 777-7416	X	X	X	X	X																									
WY DIVISION OF VOCATIONAL REHAB. Hathaway Building, West Cheyenne, WY 82002 (307) 777-7387	X	X	X	X	X																									
WY EMPLOYMENT SECURITY COMMISSION ESC Building Center and Midwest Streets P. O. Box 2760 Casper, WY 82601 (307) 237-3701 X21	X	X	X	X	X		X						X	X	X															

WYOMING

ORGANIZATIONS	DISABILITY SERVED					TYPE OF SERVICE			INFORMATION AND/OR SERVICES PROVIDED																					COMMENTS
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WYOMING INFORMATION & REFERRAL SERVICE, INC. 415 East Pershing Boulevard Cheyenne, WY 82001 (307) 635-4105 Executive Director	X	X	X	X	X	X			X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	Any request is responded to by research & information.
WYOMING SOCIETY FOR CRIPPLED CHILDREN & ADULTS P. O. Box 40 Buffalo, WY 82834 (307) 684-5101 Field Representative	X	X	X	X	X			X			X	X	X	X				X	X	X	X				X	X				Also cardiac conditions. Provides information, referral and follow-up re state and local agencies and private organizations.